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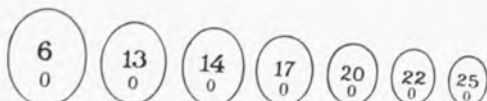


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The Progressive Dentist

Vol. 2

July 1913

No. 10

A PITIFUL CASE OF WRONG TREATMENT.

By Morris Schneer, D.D.S.

The ignorance and carelessness of some physicians respecting the mouth and teeth is appalling. The lack of dental education in the medical curriculum is the cause of the unpardonable ignorance of so many physicians as to both physiologic and pathologic conditions of the mouth. Some physicians even lack ordinary "common-sense" and these physicians when they are called upon by patients to treat some affection of the mouth would only remember this one thing "remove the cause" or if they be conscientious enough to send these cases to the dental surgeon we would not find so many victims whose faces bear the marks due to their (the physicians') treatments.

Here is a case which is indeed a sad one:

In May, 1913, a young man called at my office, his face and head were swathed around with a lot of bandages stuck through with half a dozen safety pins. He was supported, for he could hardly stand on his feet. He gave the following history:

Six weeks previous to his coming to my office he had a swelling in the region of the right upper molars. He consulted a physician who advised him to apply hot poultices to his face resulting in a fistulous opening on his cheek. The opening was treated with flax-seed plasters for two weeks. At the end of that time a new abscess formed in the region of the upper first bicuspid. His eye on the affected side was entirely closed and the throbbing pain caused considerable constitutional disturbances. The physician gave up the case, called an ambulance and had the patient removed to the hospital. At the hospital his head and face were bandaged up and he was fed on "dope pills."

After being in the hospital for four weeks he was discharged and was told to come every other day to have the dressing changed.

I examined the patient's mouth and found four abscessed roots on the affected side. Treatment: "Remove the cause," I tore off the bandages from his face then I extracted the abscessed roots, prescribed a three per cent solution of pyrozone as a mouth wash. I washed out the sinuses with a 1-10000 bichloride of mercury solution and covered the openings with iodoform ointments. I treated the patient thus every day for seven days and presto! the patient was discharged as cured.

I sat in the dentist's arm-chair.

He asked how it felt to be there.

"I feel bored," I explained,

"I may even say pained,

"For your extracting's distracting, I swear."

—Cornell Widow.

THE FOLLOWING COMMUNICATIONS ARE SELF-EXPLANATORY.

June 24, 1913.

State Board of Health, Albany, N. Y.

Gentlemen:—

I made out a prescription for some grains of cocaine but my druggist would not "fill" it telling me that I must obtain a prescription from a registered physician. He showed me a card he received from the New York Pharmaceutical Society upon which is printed the following.

"The Pharmacist MUST NOT:

Sell or dispense cocaine, or eucaine, or their salts or preparations without a written prescription from a physician registered in New York."

Will you kindly inform me as soon as possible as to whether the "new cocaine law" denies to the dentist the right to obtain and the druggist to sell cocaine for dental purposes on the former's own prescription.

I desire to publish the facts in the July issue of our magazine which goes to press about July 2d.

Trusting to receive an early reply from you and thanking you in advance, I beg to remain,

Very truly yours,

M. S. CALMAN, D.D.S.

Bus. Mgr.

MSC. AB.

June 26, 1913.

Dr. M. S. Calman,
15 E. 106th St., New York City.

Dear Doctor:

I have your letter of June 24 in reference to the new Cocaine Law. This law only recently went into effect and it is evident that numerous legal questions will arise under it and it will probably be necessary for us to secure opinions from the Attorney-General on these points. There are as yet no legal rulings under the law, but it would appear that the law clearly prevents the sale by the pharmacist of cocaine without a written prescription from a registered physician. Your attention is called to the section 2, sub-division c, which authorizes the sale to a licensed dentist by a manufacturer or wholesale dealer in drugs, upon a written order.

If the Department receives later on, a legal ruling on the point that you raise, we will be very glad to advise you regarding it.

Very respectfully,

E. H. PORTER,

Commissioner of Health.

2:P

CAN'T PRESCRIBE COCAINE.

Albany—Cocaine cannot be lawfully sold by druggists on prescriptions made out by dentists or veterinary surgeons. Attorney General Carmody so ruled to-day. Violation of the law is a misdemeanor.

HYGIENISTS TO HEAR TALK ABOUT TEETH.

Forest City Teacher to Show Importance of Inspecting Children's Mouths.

One of the contributors to the program of the fourth International Congress on School Hygiene at Buffalo the last week in August will be Miss Cordelia L. O'Neill. Miss O'Neill is principal of Marion School, one of the public grammar schools in the Ghetto district of Cleveland, Ohio. Miss O'Neill's paper will be on the subject of teeth, in particular the teeth of her school children, and her discussion will be illustrated by a number of living subjects—that is, boys and girls who were in her school during the year of 1910.

Miss O'Neill's attention was directed to the teeth of her school children early in the year of 1909, when the Board of Education granted permission for an inquiry to be made by Dr. W. G. Ebersole, as chairman of the Oral Hygiene Committee of the National Dental Association. Dr. Ebersole desired to see what effect bad teeth had upon the pupils' general health and efficiency. His preliminary examination included an inspection of the teeth of the 846 children in Marion school, and out of these 846 only three children were found whose teeth were in perfect condition. Dr. Ebersole requested that a special class be formed for the purpose of further observation and study.

Miss O'Neill's experimental class in teeth was organized in May, 1910, the children being selected at random from the fourth to the seventh grades inclusive. Her pupils were chosen from among those having the greatest number of defects. Among these pupils were some of her best scholars, as well as some of her worst. In the words of Miss O'Neill, "The class typically represented the school."

Dr. Ebersole then explained what was to be required of them: (1) They were to have their teeth put into perfect condition at no expense to themselves. (2) They were to brush their teeth carefully three times a day. (3) They were to masticate their food properly, not using liquid with solid food. (4) They were to attend any and every meeting of the class called, and take, from time to time, psychological tests, and were to conform to regulations laid down by a supervising nurse. Dr. Ebersole promised a five dollar gold piece to each pupil who lived up to the requirements, and the children were each given a toothbrush and a plain drinking cup.

In the course of their instruction the children were told how to care for their teeth properly and also how to eat their food according to hygienic principles. In September they were assembled again and given a test in brushing their teeth. In the meantime two dentists were treating the teeth of each child in the class.

Miss O'Neill says at the beginning of the test her school children were of various types. There were some who were well-behaved, earnest and bright, and there were some who were disobedient, reckless and troublesome. All in all they were by no means prepossessing in appearance.

"One of the brightest and nicest girls in the class suffered very frequently from sickheadache," she writes. "Most of them had sallow, muddy complexions, and three of the pupils were on the point of being taken into the juvenile court for truancy. One little boy was a candidate for the boys' school because of incorrigibility. He was a nuisance in the

school yard. There were others who were a terror, both in the school and outside." As time went on, however, there was a change noted. Each pupil was closely watched and each pupil, according to Miss O'Neill, showed a marked improvement. One little girl subject to headaches not only was entirely cured, but her mother who followed the directions laid down for her daughter, found relief from the same trouble. Speaking of her class as a whole, Miss O'Neill says: "Complexion cleared, a spirit of selfrespect and manifest; truancy and incorrigibility in the children disappeared."

Dr. J. E. W. Wallin, psychologist, who has since become director of the Psychological Clinic in the University of Pittsburgh, was chosen for the purpose of making the psychological tests of the Cleveland class. It was desired to get definite information on the improvement, if any, in the mental efficiency of the school children. In all a series of six tests were given to ascertain standards in memory, accuracy of perception, rapidity and accuracy of thought and spontaneity of association and differentiation. Of these tests, two were made before the work was begun on the children's teeth, two while the work was being done and two a sufficient length of time after the mouth had been put into perfect condition.

Regarding these tests, Dr. Ebersole says: "That increase in working efficiency which occurs usually or regularly during the year's growth of a child is the only deduction which should be made from the figures represented in connection with the report of the class. All other increase in working efficiency must be credited absolutely and unequivocally to the results obtained by correcting faulty conditions, and teaching the children to properly use and care for their mouths. These series of experiments, taken on forty public school children, showed an average increase in working efficiency of 99.8 per cent for the twenty-seven pupils finishing the test. In addition to those shown from a physical standpoint, the increase in health, strength and beauty was so marked as to be considered marvelous by those who watched the development of results from this work."

Such is the message Miss O'Neill and her school children will carry to the Congress on School Hygiene at Buffalo the last week in August, when an endeavor will be made by the National Mouth Hygiene Association to point out the serious need of dental inspection in public schools.

The president of the congress is Charles W. Elliot, president emeritus of Harvard University. The secretary general is Dr. Thomas A. Storey of the College of the City of New York.

DENTISTRY CHECK TO CRIMES.

Sheriff "Honest" John Quinn, of Suffolk County, Boston, has installed a dentist's chair in the Charles street jail, and is giving dental treatment to all prisoners as one of the first aids in the prevention of crime.

He said: "A bad tooth often lands a man in jail. A large number of crimes are committed by people who are badly nourished. Malnutrition leads to morbid mental thoughts, which result in crime. A dentist's chair and a good dentist in every correctional institution will prevent hundreds of inmates from returning again once they are free."

MOUTH-BREATHING A DESTRUCTIVE HABIT; A FRANK DISCOURSE

By M. J. EMELIN, D. D. S., NEW YORK.

(Third Article.)

Habitual mouth-breathing is a characteristic of the neurasthenic personality and is peculiarly associated with psychasthenic mind. It is a morbid phenomenon and is one of the predominant factors of human breakdown. Mouth-breathing has destroyed more lives than war, pestilence and famine combined. Mouth-breathing is a manifestation of a starved and exhausted nervous system. Nervous and sanguine temperaments offer the largest number of victims. Though it is said that women are greater sufferers from mouth-breathing than men, it is by no means the practice of the weakness of nervous women only. Nations and their doings may be told by this affliction.

The strength of mouth-breathers leaves them at an age once considered the prime of life. Even our most capable and highly cultured men sin greatly in disregarding the wonderful process of normal, nasal breathing. They ignore this most vital function; they become exceedingly nervous; they degenerate into a mass of fat and hopelessly feel the shortage of their nervous assets. At this stage they resort to stimulants and soon become slaves to pleasures, real or imaginary, which in turn hasten their death, with pyorrhœa as a forerunner. Mouth-breathers as a class dread to walk much. Muscular fatigue, palpitation, anæmia and general debility are the universal complaints of those that use vehicles for very short distances.

The co-partner of Mrs. Mouth-breathing is the disagreeable Mr. Snoring. Probably nothing is more exasperating to the wakeful individual than the loud, prolonged and rhythmical snoring of a mouth-breathing room-mate. But while mouth-breathing is often accompanied by snoring, it is chiefly due to peculiar muscular vibrations about the soft palate, when after a prolonged vigilance and restlessness one falls asleep from exhaustion.

A mouth breather is like a burning volcano; both are active so long as the internal forces last. The death of each is through exhaustion; the eternal sleep of one is due to oxygen starvation, the end of the other is due to a similar cause. This progressive self-destruction is chiefly practiced in sleep during the cold, damp and foggy hours of the early morning. It is aggravated while one is in a recumbent position, because the onrush of blood to the head swells the highly vascular lining of the nasal cavity and an obstruction to breathing is thus formed. Dr. Abernethy, a century ago, said that to be healthy and happy one must keep the feet warm, head cool, bowels open; and, I would add, the mouth shut.

The number of sufferers from mouth-breathing must be vast, judging by the art products throughout the world. Most artists of late years depict beauties with open mouths or lips parted enough to show their teeth. Young girls are led to believe that to expose teeth is attractive and artists thereby make themselves to some extent responsible for this baneful picture. But mouth-breathing has even infected higher art!

The painting "The Duke of Este meditating the death of his wife Parisina," by A. Gastaldi, in the Pennsylvania Academy of Fine Arts, is a good example. The Duchess Parisina is depicted asleep in her bed-chamber ignorant of the fate which threatens her. The duke, dagger in hand, stands ready to plunge it into her bosom. The beautiful wife is portrayed in her slumber with her mouth wide open!

Mouth-breathing is one of the factors which cause reduction of body-heat. We are told that the heat-producing tissues are the muscles, the brain and the secreting glands. Hence, all habits which tend to weaken the workings of the brain or the secreting glands should be considered as body disorders. And in the variations and loss of animal heat, mouth-breathing as a factor is the most significant one, as it starves the brain, dries the saliva present in the mouth and acutely affects the salivary glands by reducing their activity.

A fall of heat must occur during the abnormal inhalation, through the mouth, of air invariably cooler than the body temperature. Though this fall of animal heat is small, the difference may mean a readier predisposition to illness. Many lives could have been spared us in the hospitals, if there had been fewer mouth-breathers. The anæmia and shattered nerves of the patients deprive them of their much needed endurance and recuperative powers. In view of the above, it is surprising that intelligent medical men the world over should administer oxygen to the almost dying by way of the mouth instead of through the nostrils.

Mouth-breathing means stale air in the sinuses, which in turn means infection of the middle ear, and of the brain. The violation of this important physiological function leads to imperfect taste and defective hearing; the hearing on one side is not like that on the other. Poor hearing, like poor eyesight and poor teeth go together. A pretty extravagant price to pay for a bad habit! Some day hygienists, physicians and dentists will wake to the full realization of this abominable habit! Until then, while waiting, let the education be spread at the chair, in the home, in school, and in lectures. Let us interest scientists, commissions and philanthropists so that they may direct their means and energies to learn the true causes which produce these nasal defects. Let the governments employ qualified men to preach at every corner of the universe **How to Breathe.**

This movement is needed more than any other in the world! Infection through mouth-breathing is an item of significance in the crusade against the "white plague." The masses are lamentably uninformed. This instruction the physician and dentist owe to their patients—particularly the young—who often fail to receive it at home from their most devoted parents. In connection with this I wish to say a word about the fallacy of the physical instruction children receive while at school, and, later, during their college days.

Neither the physical directors in our universities nor the teachers in public schools, with possibly few exceptions, devote adequate attention to the objectionable habit of mouth-breathing. I dare say, none of them is fully acquainted with the evil results of even occasional mouth-breathing. They know that nasal respiration is the only right form, but they fail to observe the open lips in the majority of their pupils while directing the exercises for the development of muscles or

organs other than those intended for the breathing apparatus, abdominal or costal.

The teacher's mind is on the detail of this or that exercise and no attention is paid to the wrongful mouth-breathing. Air passing through the mouth is not only more impure because of the dust inhaled, but it also takes up the bad breath from the offensives present in the mouth. This condition is aggravated in persons with decayed teeth and putrescent roots.

The insufficient ventilation of the room and the dust in the air are undeniably harmful to the delicate lungs of a child. And just as we believe that our hospitals need artificially cooled air during the hot season of the year, so also our gymnasiums need sunlight and air exhausts to remove the flying dust. Furthermore, the physical instructors throughout the States insistently tell the child to inhale by way of the nostrils and expel by way of the mouth. Whence springs this mouth-breathing order? Why split the normal process of breathing? Personally I fail to find the least reason for such irrational practice which tends to induce mouth-breathing. I might suggest also that most books on this subject, carefully selected and approved for their educational value, are grossly defective in this respect.

A beautiful edited little book, on the subject of breathing, value of air, etc., intended for children, which has just come to my notice, is one that is typical. The only interesting item in the first chapters is about the Black Hole of Calcutta. Scanning its pages, I was painfully disappointed not to find any statement by the author as to how to breathe properly. Not once in the whole volume does there appear the word **nostrils**, or instruction that the air should be respired through the nose! A large number of voice-culture instructors are directing their pupils to breathe through the small opening of a quill held between the lips. One can not imagine a greater fallacy than such teachings, leading as they do to grievous results. And is not the singer's throat time and again in the doctor's repair shop?

Ulcerative follicular pharyngitis, commonly known as clergyman's sore throat, likewise the politicians and orator's practice of water drinking are due to improper management of the intake of air; they occasionally swallow air by way of the mouth; their nasal disturbances disable them from securing the full need of air; they talk faster than they can properly breathe. The air by way of the mouth dries their saliva, also their throat. This habit of water drinking while delivering a speech is a practice to be condemned. Greek orators used to sip demulcent liquids to prevent hoarseness. But what a betrayal of ignorance! The temporary relief creates but a larger demand only to increase the reactive congestion.

"Pharyngitis sica, or dry throat, is one of the most distressing result from mouth-breathing. It is especially this variety in which the annoyance or symptom known as "hawking" is present. We in this climate know too well the victim of this disgusting practice of hawking. Go where we may, in our street-cars, hotels, theatres or any other place of public resort, we never fail to meet this unfortunate individual; his clarion note is heard above the most powerful soprano of the opera, or the noise of Broadway. The hawker is always a mouth-breather, and the sound is made in the effort to

discharge the hard, dry and tenacious mucus from the follicles of the pharynx, or the posterior wall of the velum palati."

Loss of voice and hoarseness are attributable to mouth-breathing. We are told by Plutarch that Gracchus lost his voice suddenly whilst delivering an oration. Like many of the stump orators of the present day he spoke too long and in too high a pitch. He spoke faster than his capacity of nasal breath would permit. His tensors became overstrained, overdried in mouth-breathing and consequently his voice was ruined.

(To be continued in the August Issue.)



DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By SAMUEL GREIF.

(Second Article)

Sabbath, 41a.—After eating, if one does not go four ells, the food is not digested, and this is the beginning of a bad odor.

NOTE. Unfortunately R. Samuel, who knew a remedy to all sicknesses, could find no remedy to "one who takes his meal and immediately goes to sleep without walking four ells." (See: B. Metz. 113b.)

Sabb. 62a.—R. Eliezer permitted to carry cachou boxes, because, he said, Who generally carries cachou boxes? Women whose breath emits a bad odor, and surely they will not take them off to show them; hence there is no apprehension that they will carry them four ells or more on public ground.

NOTE. It appears from this that the carrying of things farther than four ells on public ground on the Sabbath, is prohibited only when the act is done openly or **befressiah**, and that otherwise it is permitted.

Sabb. 63b.—Once a woman went into a certain house to bake, and a dog, through barking at her, caused her to have a miscarriage. Said the landlord of the house: "Fear him not, I have deprived him of his teeth and claws." But the woman answered: "Throw thy favors to the dogs, the child is already gone!"

NOTE. The above agada has been brought to illustrate the saying: "Whoso raises a vicious dog in his house prevents charity to go out therefrom." The word "teeth" is here rendered as **nibe** (see "nomenclature" to Ber. 56a), and is applied to animals only. They are the four canine teeth prominent in the dog.

Sudden dread can not only cause pregnant women to miscarry, but may even cause the teeth of one to fall out. A case like this is narrated in Chullin 59a. The Midrash records a case where the hair have fallen out during a similar experience. Surely we are aware of hair "standing up" during an exciting moment.

Sabb. 64b.—(Mishna.) A woman may go out with a grain of pepper or of salt, or with whatever she may be accustomed to keep in her mouth, provided she does not put it in her mouth on the Sabbath to commence with; if it fell out of her mouth she must not replace it. As for a metal or a golden tooth, Rabbi permits a woman to go out with it, but the sages prohibit it.

(Gemara. Sabb. 65a.) "With a grain of pepper or a grain of salt." The former to take away any bad odor of the breath and the latter as a remedy for toothache. "Or with whatever she is accustomed to keep in her mouth," meaning ginger or cinnamon. "A metal or a gilt tooth." Rabbi permits and the sages prohibit it. Said R. Zera: The difference of opinion only concerns a gilt tooth, for a silvered tooth is unanimously permitted. This is also proven by the following Boraitha: A silvered tooth is permitted by all, while as to a gilt one Rabbi permits it; the sages, however, prohibit it.

RASHI. The sages prohibit the tooth of gold, as it is different in appearance from all the rest of the teeth, while the silvered tooth resembles the rest of the teeth and is unanimously permitted by all. The latter is also less valuable than the golden tooth, and there is no apprehension that the woman will remove it from her mouth to show it to her friends.

NOTE. A grain of salt as a remedy for toothache. We must not expect the therapeutics of the Talmud to be of a rational character. Oftentimes it is neither rational nor empirical. The medicine of the Talmud is a folk-medicine, and is seldom based upon a correct understanding of the pathology of the case under treatment, or upon a knowledge of the physiologic action of the drug employed. The toothache here referred to is rendered by the word *דור*. Rashi defines it as "aching teeth."

Etymologists however have been considerably worried as to its correct meaning. Aruch and Aruch Completum take it as the "row of the teeth," or the process of bone containing the teeth, hence to apply the remedy to the gums or alveolus of the teeth. The Persian *darad* signifies "pain"—to apply to the point where the pain is felt. *Doro* also has the meaning "worm," and this appears to be the most satisfactory explanation of all. Ever since the most ancient times, beginning with the Babylonians and Assyrians, all through the middle ages, till the present day, there existed the common and widespread belief that toothache was due solely to the boring action of some worm. The Romans have even gone to the extent of actually applying a worm to the aching tooth, in order to hasten the loss of it. With such an understanding of the pathology of toothache, therapeutics eventually could not have gone too far. Another case of toothache is recorded in Gittin, 69a. A third case of special interest is mentioned in Baba Kama, 35a, being the toothache of an animal (the ox). The remedy employed instinctively by the animal was to remove the cover of a barrel of beer and to drink its contents, thus being relieved from its toothache. (See also: Yoma, 84a; Ab. Z. 28a; Sabb. 67a; 111a; Betz. 18b).

A silvered tooth is permitted by all, whereas a gilt one is permitted only by Rabbi and prohibited by the sages. The fact that gold and silver teeth were common in the days of the Talmud is indeed both pleas-

ing and interesting to us. This leads us to the subject of **Dental Prosthesis**. The discovery of the art of prosthetic dentistry is attributed to the Egyptians. Artificial teeth artistically made and set have been found in mummies. In the Talmud the use of artificial teeth appears to have been more for cosmetic purposes, being enlisted among numerous articles of dress that were either prohibited or permitted to be worn by women on the Sabbath. The teeth referred to here are rendered in the text *שן תותבת שן של זהב*. There is considerable doubt as to the correct meaning of **shen-tothebeth**. It is translated above "a tooth of metal." This, however appears to be incorrect. (Being thus translated by M. L. Rodkinson). Taking it as "metal," and being prohibited by the sages, we cannot think the silver tooth, thereafter mentioned as being unanimously permitted by all, to be any less metal than is the golden tooth. **Shen-totebeth** was an artificial tooth taking the place (*tothab—toshab*) of a missing tooth and was not an expensive tooth. According to the commentators the *totebeth*-tooth was either a natural tooth of man, an animal tooth, or a tooth made of wood (Nachmanides, Sabb. 64b). As to the golden tooth, the Rambam (Maimonides) expresses the opinion that they were golden shells placed by women upon bad-looking teeth being anxious to conceal their deficiency. The manner in which the artificial teeth were fastened is unknown. Presumably they were attached to the adjoining teeth by means of rings. It seems certain, however, that they were not too well fastened, having been feared that the woman may remove them to show them to her friends. It must have been some kind of a removable bridgework. (See also: Nedar. 66b.)

Sabb. 67a.—(Mishna.) It is permitted to go out with eggs of grasshoppers or with the tooth of a fox or a nail from the gallows where a man was hanged, as medical remedies.

(Gemara.) The eggs of grasshoppers as a remedy for toothache; the tooth of a fox as a remedy for sleep, viz., the tooth of a live fox to prevent sleep and of a dead one to cause sleep; the nail from the gallows where a man was hanged, as a remedy for swelling.

NOTE. These are typical examples of folk-medicine. The articles mentioned, like all talismans, were supposed to work wonders. The selection made is an extraordinary peculiar one, and neither of the articles is perhaps ever obtainable.

Sabb. 81b.—R. Eliezer said: One may take a splinter from the wood lying near him to clean his teeth with; but the sages say: He can take it only from a manger.

NOTE. The splinter referred to is an ordinary "toothpick." The *gemara* discusses it more broadly in Betzah, 33a, b.

Sabb. 90a.—(Mishna.) The prescribed quantity for pepper is the least possible amount.

(Gemara.) To what can such a small quantity of pepper be put? It may be used by one whose breath is foul.

Sabb. 110a.—"It is permitted to partake of all usual eatables." What does the Mishna mean to add by the word "all"? A milt, which is good for the teeth (although it is bad for a weak stomach), and bran,

which is good for the stomach (but bad for the teeth). (See: Ber. 44b.)

Sabb. 111a.—(Mishna.) One who suffers with toothache must not gargle vinegar for it, but he may dip something in vinegar and apply it, and if the pain is relieved thereby, he need have no fear of the consequences.

(Gemara.) R. Asha bar Papa asked R. Abuha concerning the following contradiction: "The Mishna teaches, that one who has a toothache must not gargle vinegar, implying thereby, that vinegar is a remedy for toothache, and still we find in the passage (Prov. x. 26.): 'As vinegar is to the teeth, and as smoke is to the eyes, so is the sluggard to those that send him.'" This presents no difficulty. The mishna refers to an injured tooth, whereas the passage refers to sound teeth which are put on edge by vinegar.

NOTE. Among the materia medica of the Talmud, employed for toothache and other ailments of the oral cavity, may be enumerated the following: vinegar, garlic, oil and salt (Git. 69a), mustard or pepper (Sabb. 65a), olive oil, water and leavened dough, fat of the wing of a goose (Yoma, 84a).
(To be continued in the August Issue.)

A Harlem Dentist: Thank you very much for sending in the clipping which is printed below. Sorry we cannot publish your communication, because you have not signed your name to it. Your name must be known to us, and at your request is suppressed and a nom-de-plume substituted.—Ed.

UNLICENSED DENTISTS BUSY.

Alleged to Pay Graft to Agents of State Dental Society.

The alleged grafting of certain private detectives employed by the New York State Dental Society in its fight against dentists practicing without a license in Brooklyn and Long Island has caused the society to abandon its efforts to suppress illegal practice along those lines. The society depended entirely on the reports of its agents and many of these accepted money from dentists without licenses instead of making a report of their investigations.

One of these detectives, Morris Safier, of 214 Meserole street, demanded \$25 from a dentist. The latter had him arrested and Safier pleaded guilty. After this several members of the society began investigating and found that the system of graft was wide-spread, and that hundreds of unlicensed dentists are at work.

Members of the society who could be reached were unable to say what action would be taken to abate the trouble.

SURGEON HARTLEY DIES.

Dr. Frank Hartley, one of the world's foremost surgeons and brain specialists, died June 19, of Bright's disease after an illness of some weeks at his home, 61 West 49th street. He will always be known in surgery, according to testimony of distinguished doctors, as originator of an entire and complete series of operations upon the skull and brain. His famous bisection of the ganglion of the fifth cranial nerve marked the first successful cure of neuralgia. Dr. Hartley is survived by his wife and a half brother, Edward.

INEVITABLE EVOLUTION.

By R. B. McClain.

There is a certain well-known practitioner in the city of Fanciful Fantasies, a suburb of Dreamland, who has a modern up-to-date dental office in every respect. It so chanced my experience brought me in contact with this said scene of activity where one surprise, to say the least, awaited my humble line of thinking. In front of the operating chair, occupying a conspicuous position on the wall was the following framed piece of literature:

Credit will be given where the cash cannot be had.

Patients will please not wash in the fountain cuspidor. High water rate forces me to abandon this luxury to the laity.

All teeth extracted and filled while you wait.

All fees based upon financial standing of patient in question.

We extract no deciduous bicuspid, or third molars in children under eight years of age. A protection to ourselves and parents.

Patients should refrain from conversation while the rubber dam is in place.

Patients are earnestly requested not to swallow any instruments that may be placed in the mouth by the operator.

If your grandfather had four sets of teeth, don't tell us but notify the United States National Museum directors of New York City and representatives will call on you immediately.

Tobacco does not harm the teeth but to such patients it can make no difference.

Yes, we sterilize all instruments, including bathing our hands every meal in carbolic acid, 100 per cent. strength.

We make a feature of aviation and aeroplane plates with the latest Curtis attachments. "There's a reason."

Operator reserves the right to disappear in all cases of legal proceedings brought against him. Address on special request.

When we need advice we will ask you for same.

If our work pleases tell others, if not keep your mouth snut.

No, oral hygiene is not a malady, epidemic or disease, but an epoch in evolution—a call from the primitive.

Modelling compound is a proprietary preparation, and not controlled by the Yucatan Co.

Should you unexpectedly faint while in the operating chair, don't get excited but kindly notify the operator.

The medicinal preparations used in this office are all guaranteed under the Sherman Act—subject to change without notice.

Ladies will please remove their hats, when a general anesthetic is administered.

Gentlemen will not spit on the floor—ladies have no desire to.

Yes, we generally keep an office girl but she left the other day without leaving her address. You might write her.

Any deviation from the above rules interpreted as hostile.

Further knowledge at our bureau of information.

Finis.

—"Oral Hygiene."

The Progressive Dentist

Published Monthly by

THE NEW YORK DENTISTS' CHAPTER

Intercollegiate Socialist Society

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This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We are giving space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

In this issue of the Progressive Dentist we print two interesting letters which are the correspondence of the business manager of this magazine, Dr. M. S. Calman and the State Health Commissioner Dr. E. H. Porter. No dentist with self respect can read those letters without gnashing his teeth. No dentist working for the advancement of the prestige of the dental profession can ever forgive the humiliating blow that the "new cocaine" law deals our profession.

Who is to blame for the passage of such a bill? Where were our self appointed guardians? Has it not occurred to the ponderous dignitaries of the State Dental Society "Law Committee" that the new cocaine bill had a bearing upon the dental profession? Have they played their part in seeing to it that our profession be fairly considered? The small word "no" answers most of these questions. Thus as the result of the vigilance (?) of that law committee, which has for so long caused the degradation of the profession, we sink another step. Think of what position we are made to occupy within the eyes of the pharmaceutical fraternity when they are forbidden to recognize our prescription! Think of the indignity that we reap from that part of the public that knows our prescription to be worthless! But above all the inconvenience and injustice that this bill causes our profession is unbearable. That the drug which we can not do without in our practise, the drug which has helped to make dentistry the greatest boon to humankind, the drug which the dental profession is obliged to use to a much greater extent

than the medical profession, this drug to be the particular one which the dentist couldn't obtain on his own prescription is the most nonsensical, stupid, and iniquitous piece of legislation that a dental law committee should have allowed to become law.

To a good many of us it is a matter of little surprise that the State Dental Society law committee should be so delinquent in its official duties. A good many of us have long persuaded ourselves that most of the evils existing in the profession are not only a matter of negligence on the part of **that** law committee but possibly a well planned situation having its foundation in the most sordid and disgraceful motives of some members of the committee. But to those of our "**patriarchs**" who are so prolific in bouquets for that committee, regardless of the sentiments of the "**plebeians**" of the profession, from year to year at State Dental Conventions, perhaps upon them the light of truth may begin to dawn. Perhaps they also may begin to doubt the saint-like sacrifices which the members of the law committee claim to make in the name of public spiritedness. Perhaps they too may begin to ponder of what other spirit may be firing them to those "sacrifices"! While in a certain State in the Union our profession has been so elevated that a dentist may be called upon to act as anaesthetist at a capital operation, in our State we are not good enough to obtain a few crystals of cocaine for a "pressure anaesthesia" for an instance.

This is a very sad state of affairs. To remedy this it again requires a concerted action on the part of a powerful organization of the dentists of the disfranchised class. Such an organization has recently been launched in the body of the "Allied Dental Council" of Greater New York. We therefore call upon the legislative committee of the Council to frame a bill amending the present cocaine law. This bill they should try to place into the hands of an Assemblyman and State Senator for them to introduce it into the State Legislature. A protest meeting of gigantic magnitude should be called to rouse every dentist to the true proportion of the injustice done our profession.

The legislative committee has youthful vigor and should expend same to the end that justice be done our profession from both the practical and dignitary points of view. No test case is expedient now since as we go to press a ruling has been made by the Attorney General excluding and ignoring completely the dentist from the prescription privilege of cocaine. We further call upon the legislative committee of the Council not to rest in its protesting activities until complete retribution will be made to our incensed indignation.

The Council's committee thereby will have performed a double service. It will save the profession the indignity we are stigmatized with now and it will show that the members of the legislative committee of the State Dental Society have failed to be "on the job" as they have many times in the past, when such an important occasion as this arose.

Notice. We beg to announce the removal of the editor of this magazine to 301 Hooper Street, Brooklyn, N. Y. All communications intended for the editor should henceforth be directed to that address.

Incidentally we wish to cite a novel experience that the editor met with, namely: his first act as a dentist of the new County was to register his license on June 19, 1913, in the office of the Kings County Clerk. Upon paying the fee of 25c. for the registration it was accepted by the cashier, who in all politeness, returned a "thank you." It being the first time in the editor's experience that a public official accepted a fee in such polite manner that mention is made with due appreciation thereof. Ed.

DENTIST A SUICIDE.

On June 5, Dr. Stephen O. Storek, a dentist ended his life by leaping from the window of his apartment, on the eighth floor of 57 West 58th street.

IS 72 YEARS OLD AND HAS NOT LOST A TOOTH.

Woman Has Three Small Fillings Made as a Precaution Against Decay.

Battle Creek, Mich.,—A woman seventy-two years old with all her own teeth and only three tiny fillings is the discovery made at an institution here.

The woman is Miss Helen Simons, a Lansing school teacher.

A physician made the discovery a few days ago when he was lecturing. He took occasion to state that few people over fifty had all their own teeth. He then asked all in the audience who were over fifty and retained all their own teeth to raise their right hands.

Miss Simons was the only one.

The incident was so unusual that she was examined by a number of dentists. They pronounced her teeth unusually good.

The three small fillings in her teeth were put in more as a preventive than because her teeth were decayed. She says they were slightly discolored, and although there was no sign of decay, she took the dentist's advice and had them filled.

Miss Simons is the daughter of Anson Simons, one of the pioneer settlers of Lansing. She is also a sister of the late B. F. Simons of that city.

"So you think you would make a satisfactory valet for an old human wreck like myself, do you?" said the old soldier to the applicant for the position of body servant. "You know I have a glass eye, a wax arm, and a wooden leg that need to be looked after, not to mention my false teeth."

"Oh, that's all right, colonel," said the applicant, cheerfully. "I worked five years in the assembling department of the motor car works; and there isn't a machine on the market that I can't take apart and put together again with my eyes shut."

DISAPPOINTED.

Fond Mother—Don't forget to put your toothbrush in your suitcase, Bobby.

Bobby (going to the country for a week)—Oh, shucks! I thought this was going to be a pleasure trip.—Chicago News.

FALSE TEETH, CORSETS, UMBRELLAS AND PAINTINGS LEFT AT NEW PUBLIC LIBRARY.

The superintendent of the New York Public Library, Fifth avenue and Forty-second street, says it has become swamped during the last few days by the accumulation of lost articles that forgetful men and women have left there.

Among the things left on the catalogue cabinet, in the halls or on the library tables are 10 water-color paintings, 4 pairs of false teeth, 44 pairs of corsets, 10 overcoats, 7 sets of false hair, 500 pairs of gloves, 78 umbrellas, 1 pocketbook (empty) and more than 100 hats.



DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY

Dr. W. S. Engelberg, Sec'y.
2400 Seventh Avenue, New York

EASTERN DENTAL SOCIETY

Dr. A. LeWitter, Sec'y.
330 E. 4th street, New York.

KINGS COUNTY DENTAL SOCIETY

Dr. S. H. Filler, Sec'y.
220 Stockton street, B'klyn, N. Y.

The executive committee has engaged a new meeting hall, The Masonic Temple, Claremont Avenue near Lafayette Avenue.

Regular meeting of the society held May 15, 1913. Dr. H. F. Lief, presiding.

Minutes read and adopted.

The following committee reports were presented:

Executive Committee; Oral Hygiene Committee; Membership Committee; and report of Financial Secretary. The reports were accepted with thanks and ordered spread on the minutes.

Communication was read from Mr. Raines, a principal of a Public School in Williamsburgh in reference to a clinic for school children in this section. This matter was referred to the executive committee.

The report of the meeting of the Allied Council held on April 29th was made by Dr. William. The delegates to the Council were discharged with thanks by the Society.

The election of officers with the following results:

President, Dr. S. Shapiro.

Vice President, Dr. L. M. Robins.

Secretary, Dr. S. H. Filler.

Treasurer, Dr. B. Shapiro.

Librarian, Dr. A. Sternartz.

Six delegates to the Allied Council:

Joffe, Robins and William, for two years;

Friedenberg, S. Filler and Pensack, for one year.

Elected to membership:

S. Siegel, J. S. Calman, R. Aronson, B. J. Lustgarten, M. Kerbel,
B. A. Lanset, S. Wolk.

Honorary Membership:

R. Ottolengui, F. T. Van Woert, O. Schlockow.

The constitution of the Kings County Dental Society was read and adopted as read.

General discussion of the policy of the Society was participated in by a number of men present.

A moving picture of "The Toothache" was shown to the audience.

Meeting then adjourned.

ANNUAL REPORT OF THE EXECUTIVE COMMITTEE OF THE KINGS COUNTY DENTAL SOCIETY.

Your executive committee wishes to report as follows: When the Kings County Dental Society was organized by the union of the Eastern District Dental Society and the Brooklyn Odontological Society, and the present executive committee was appointed, it was deemed best to have a special meeting shortly after that so that the union may be cemented by a talk from some of the leaders of our profession. They therefore arranged the meeting last May at which Dr. Ottolengui addressed us and which resulted in an enthusiasm on the part of our members which constantly grows. Having observed the effect of this meeting, the executive committee arranged the program for the last year in furtherance of the policy of giving lectures or reading of papers on important subjects by the foremost men of the profession of the present time, thinking that this will meet with the approbation of the society. Following is the report of their activity:

Excepting the special meeting in May 1912, they have arranged during the year for 8 regular and 2 special meetings; there were read during the year 6 papers on the following subjects:

1. The proper technique for root canal work, by Dr. M. L. Rhein, illustrated by stereopticon views and followed by a discussion by Dr. Alfred R. Starr and Dr. Roderiguez Ottolengui.

2. Oral surgery as the general practitioner sees it in his office, by Dr. M. I. Schamberg, illustrated by stereopticon.

3. Sanitary prosthetic restorations, by Dr. Herbert L. Wheeler, and discussed by Dr. Deane.

4. Difficult extractions and how to overcome the difficulties, by Dr. Hasbrouck, and discussed by Dr. Lederer, Dr. Greene, Dr. Friedland and others.

5. The making of gold inlays by the indirect method, by Dr. F. T. Van Voert, and discussed by Dr. H. H. Chayes, Dr. Marcus Strassberg and others.

6. Face to face with the problems of life, by Dr. George Wood Clapp and which was discussed by the members.

That there were 3 clinics given at our regular meeting in March on the following subjects:

- (a) Casting aluminum dentures, by Dr. Julius Pensack.
- (b) Analgesia with N² O and O², by Dr. Jacob Lief.
- (c) The separation of teeth by silk ligatures, by Dr. Simon Shapiro.

That they have arranged for our annual banquet and have made of it as successful as it was.

That they have audited the books of the financial secretary and have found the figures to correspond with those in the report of the financial secretary as read before you to-night.

That they have arranged for to-night after the adjournment of the meeting for the exhibition here of the film of the NATIONAL MOUTH HYGIENE COMMITTEE.

These were all the labors of your executive committee during the last year. It seems to us that for a society so young as the Kings County Dental Society is, the scope of its activity is truly remarkable. And at this point we might say that the Kings County Dental Society's lecture program was the most interesting of all the dental societies in N. Y. C. not excluding the First and Second district societies.

Your committee would at this time invite suggestions or criticism of its work so that the policy of the succeeding executive committee might be guided by a knowledge of what is expected of it. They would also urge the membership committee on to activity in increasing the membership of the society, as more members mean not only more money paid in dues which in itself is very helpful to the carrying on of the society's activity, but it also means more of moral support and a greater body of men benefited by dental society associations.

Respectfully submitted,

The Executive Committee

MAURICE WILLIAM

MAX JOFFE

MENDEL NEVIN

JULIUS FILLER

SIMON SHAPIRO, Chairman.

STUDENTS' DEPARTMENT

COLLEGE NEWS.

N. Y. C. D. NOTES.

The Forty-seventh Annual Commencement of the New York College of Dentistry took place at Carnegie Hall, 57th Street and Seventh Avenue on Monday evening, June 9th, 1913.

The program of the evening was as follows:

The Seventh Regiment Band rendered the following musical numbers:

Overture "Mignon," Thomas; Selection "The Lady of the Slipper," Herbert; Excerpts "The Sunshine Girl," Rubens; Fantasia "Under Many Flags," Keem; March "International," Roberts.

Prayer.

Selection "Operatic Gems," Lampe.

Presentation of Graduating Class of 1913 by Prof. Faneuil D. Weisse, M.D., Dean.

Dr. David Webster, Vice-President of the Board of Trustees and

Directors conferred the degree of Doctor of Dental Surgery on the following men:

Alexander, C. S., B.S.	Hyams, H.	Reisner, W., A.B.
Anisfield, S. P.	Joffe, R. S., Ph.G.	Rettenberg, B.
Appel, E.	Jurka, A. B.	Ribakoff, L. B.
Barge, H. F.	Kaiser, M. E.	Rinzberg, D.
Berg, S., A.B.	Kamin, B.	Robbins, S. N.
Bregman, B.	Kern, G. V.	Rosen, S.
Brickelmaier, G.	Kirkland, H. J.	Rosenberg, D. H.
Bronstein, E. L.	Klein, S.	Rosenblum, A. M.
Brook, I.	Koplik, S., B.S.	Rosenwasser, B.
Brophy, C. J.	Kossow, M. I.	Sadoff, L.
Brower, C.	Krbecek, A. J.	Saletan, D.
Buchenholz, I.	Kronfeldt, M. S.	Scher, I. L.
Chashin, R.	Kuntz, D. D. S., A	Schonberg, A.
Chess, B.	Lekowski, V.	Schwartz, H. W.
Close, C. L.	Lieban, E.	Schwartz, J. R.
Cohen, W.	Lifschitz, S. J.	Shafer, M. B.
Coltinuk, W. Z.	Maller, J. W.	Shapiro, J. J.
Deutsch, E. E., S.	Mandelbaum, W. W.	Sheinberg, S.
Dolan, A. J.	Marks, E. A.	Sheinblatt, M.
Ehrenhaus, M.	Maruchess, V.	Sherman, S.
Eisler, J.	Mehlman, I. D.	Schnayerson, B.
Evseroff, J.	Meinwald, D.	Silverman, L., A.B.
Feintuch, M.	Milano, J. C.	Specht, E.
Flicker, I.	Miller, J. P.	Stern, J. J.
Gesell, H. R.	Milvitzky, H.	Stork, R. T., I.D.B.
Giebelhouse, P. H.	Mogk, W. C.	Taft, J. L.
Glouberman, S.	Muroff, S. J.	Teller, D. D.
Goldberger, A. I.	Murphy, M. P.	Vogel, D. I.
Goldenthal, L.	Nagel, H.	Volk, H.
Goldstein, A.	Nicholls, G. L.	Weil, A. B.
Goodman, H.	Okun, H.	Weinberger, I.
Greenberger, W.	Oshlag, J.	Weinrib, S.
Greminger, H. K.	Ovary, F.	Weinstein, M.
Gretsch, E. B.	Perelberg, E.	Weisberger, M. L.
Hausen, H., B.S.	Pines, L.	Weisburg, D.
Heiman, L. J.	Powell, E. E.	Witt, W.
Holtzman, L.	Ratner, G. P.	Yavelow, M.
Horowitz, I. B.	Rehermann, A. B	Zasuly, H.
		Zuckerman, B.

March "The Whip," Holzman; Cantabile "Sampson and Delilah," Saint Saens.

Prof. Faneuil D. Weisse awarded infirmary certificates to graduates who attended the Summer Infirmary for two terms.

Selection "The Sunny South," Lampe.

Prof. F. Le Roy Satterlee awarded prizes to the following men.

Faculty prize—gold medal.....	Dr. S. Koplik, B.S.
Alumni prize—gold medal.....	Dr. I. B. Horovitz
Odontologist prize—gold medal.....	Dr. C. S. Alexander, B.S.
Operative Dentistry prize—silver medal.....	Dr. J. Shapiro
Operative Dentistry prize—silver medal.....	Dr. A. J. Krbecek

Prosthetic Dentistry prize—silver medal.....Dr. I. L. Scher
 Oral Surgery prize—bronze medal.....Dr. J. R. Schwartz
 Junior Class—Medal Man.....Joseph Van Dyck
 Freshman Class—Medal Man.....Irwin Myrowitz
 Melodies "Merry Countess," Strauss.

The address of the evening was delivered by Rev. George R. Van de Water, D.D. He praised the College, the Faculty and the Students. He explained what dentistry should mean to young men who just begin to practice it. Urged the Graduates to remember three words that begin with C.: cheerfulness, courtesy and common sense. The Rev. defined each of the terms and interspersed his remarks with some good humor. "Common sense," he said, "is misnamed, should be uncommon sense." The address was received with tremendous applause.

A goodly number of those who were at Carnegie Hall last year attended the exercises this year. Last year the address to the graduates was rered by the Rev. John Wesley Hill, who frothing at the mouth and with a voice so shrill, delivered himself of a murderous attack on a straw dummy he labeled Socialism and tore the red flag to shreds. His remarks evoked laughter and hisses, and applause from a number who thought the "Rev." went "one better" on the best known circus clown.

The calm, dignified and very instructive remarks of the Rev. Van de Water will long be remembered by those present at this year's commencement and the Faculty is to be congratulated for having secured so fine a speaker for the occasion.

National Airs.

Benediction.

C. D. O. S. N. Y. NOTES

The college has just moved into its elegant new building which is unsurpassed for convenience of arrangement for the comfort of the students and for teaching of modern dentistry. Is it possible, that we need no longer fear the stifling, polluted atmosphere in the summer, and the unwelcome breezes during the winter. Is it possible to imagine that headaches and colds shall no longer haunt us, while seeking comfort in the retiring rooms or seeking knowledge in the lecture rooms, and practice in the infirmary and laboratories? Yet, it is no longer a dream, for instead of the dark, poorly ventilated lecture rooms, infested with vermin, we now have light, and pleasant lecture halls and retiring rooms.

The clinic of the college offers to the student a large field for the practical study of general and oral surgery, for the clinical facilities are unexcelled. New, modern operating chairs are in use instead of the other chairs of antiquity. There are plenty of washstands, sterilizers, for each and every student to use and put into actual practise, what the professors continually preach. Again many more patients can be treated, thus affording much practise for the students. No more ill-feeling shall there be among students, for there are plenty of chairs, and hence no need of rushing for the chair best accommodated for the treatment of root-canals or the plugging of gold-fillings, for all chairs are alike, and the light is equally distributed throughout the entire infirmary.

It seems to be a pleasure, instead of a drudgery to work in the new clinic, as is evident by the number of students taking the summer course. The most modern equipment is in use in the operating rooms and laboratories.

B.

WANTED:—We want students from both colleges of dentistry who can spare a little time to do remunerative work for our advertising and subscription departments. Liberal commission offered. For information write or call any Tuesday, Thursday or Saturday at 15 East 106th street, New York City.

For the benefit of the men who have just graduated from the dental colleges, and who will shortly look about for locations to open dental offices we publish herewith a table showing the population, number of dentists and number of people to each dentist in the United States. The population figures are from the census of 1910, while Polk's Register for 1912 is authority for the dental figures. While possibly throwing no great light on the situation, we include in this table, for purposes of comparison, the number of physicians and number of people to each physician in the United States, which information is taken from the third edition of the American Medical Directory. It will be seen that to each physician are 640 people, while each dentist has 2,366, or nearly four times the number as has his medical brother.

State	Population	Dentists	People to each Dentist	Physicians	People to each Physician
Arizona	204,354	64	3,193	247	868
Arkansas	1,574,449	359	4,386	2,596	606
California	2,377,549	1,903	1,249	4,767	499
Colorado	799,024	492	1,624	1,772	451
Connecticut	1,114,756	611	1,824	1,564	713
Delaware	202,322	80	2,529	246	822
District of Columbia...	331,069	342	939	1,350	245
Florida	752,619	273	2,757	974	773
Georgia	2,609,121	630	4,141	3,022	863
Idaho	325,594	176	1,850	420	775
Illinois	5,638,591	3,203	1,760	9,988	565
Indiana	2,700,876	1,245	2,178	4,984	542
Iowa	2,224,771	1,198	1,858	3,653	609
Kansas	1,690,949	834	2,028	2,688	625
Kentucky	2,289,905	786	2,914	3,601	636
Louisiana	1,656,388	454	3,648	1,930	858
Maine	742,371	403	1,842	1,176	631
Maryland	1,295,346	578	2,241	1,972	657
Massachusetts	3,366,416	2,060	1,634	5,648	593
Michigan	2,810,173	1,421	1,972	4,104	685
Minnesota	2,075,708	933	2,225	2,262	918
Mississippi	1,797,114	343	5,239	6,032	298
Missouri	3,293,335	1,377	2,392	6,037	546
Montana	376,053	214	1,757	512	734
Nebraska	1,192,214	637	1,825	1,796	664

State	Population	Dentists	People to each Dentist	Physicians	People to each Physician
Nevada	81,875	45	1,819	144	569
New Hampshire	430,572	217	1,984	704	612
New Jersey	2,537,167	928	2,734	2,884	880
New Mexico	327,301	75	4,364	430	761
New York	9,113,614	4,270	2,135	14,815	615
North Carolina	2,206,287	430	5,131	1,849	1,193
North Dakota	577,056	179	3,224	594	973
Ohio	4,767,121	2,190	2,177	7,513	635
Oklahoma	1,657,155	326	3,243	2,620	633
Oregon	672,765	449	1,498	1,041	646
Pennsylvania	7,665,111	3,229	2,374	11,345	676
Rhode Island	542,610	278	1,952	751	723
South Carolina	1,515,400	360	4,209	1,275	1,189
South Dakota	583,888	200	2,919	651	897
Tennessee	2,184,789	560	3,920	3,338	655
Texas	3,896,542	940	4,145	5,888	662
Utah	373,351	208	1,795	427	874
Vermont	355,956	149	2,388	679	524
Virginia	2,061,612	449	4,592	2,359	874
Washington	1,141,990	611	1,869	1,630	701
West Virginia	1,221,119	375	3,256	1,639	745
Wisconsin	2,333,860	1,181	1,976	2,652	880
Wyoming	145,965	57	2,561	235	621
Total	91,972,266	38,876	2,366	142,190	640

OUR FAR-OFF POSSESSIONS.

	Population	Dentists	People to each Dentist
Alaska	64,356	34	1,893
Porto Rico	1,118,012	49	22,817
Philippine Islands	8,000,000	56	142,857
Hawaii	191,909	23	8,344

IT WON'T WORK.

How do you know?

Have you tried it? Has it ever been tried? Do you, as a matter of fact, know anything about it? Then why do you say it won't work?

You simply repeat parrot-like what you have heard somebody else say. You are not in the habit of thinking for yourself and arriving at conclusions of your own; and that is why you say Socialism won't work.

To know whether a thing will work or not you must first know what it is. You don't know what Socialism is. Perhaps you think you do, but you present a sorry spectacle when the Socialist puts a few elemental questions to you about it.

The politician has told you it won't work; so has the professor

and the priest and the editor and the real estate dealer and the loan agent. All these depend on the boss, just the same as you do, and they don't want Socialism to work because it will put them to work.

There has never been any socialism actually in operation, modern, scientific Socialism, in any nation on the face of the earth.

Socialism is national and international and only when it has evolved to a stage where the nation's industries are the property of the nation and are operated for the benefit of the people will Socialism be actually put to the test as to whether it will work.

They who ignorantly call on Socialists to try Socialism on some island before trying it on a nation might as well demand that modern railways, telegraph, mining, manufacturing, journalism, literature, art, etc., in all their latest development, and on the international scale upon which they now operate, be first tried on an isolated island.

Socialism as a force in evolution works, whether you think it does or not.

Look about you and if you do not see that the whole modern tendency is toward centralization, combination, co-operation, socialization and democracy on a world-wide scale, then the trouble with you is that it is not Socialism but your brain that won't work!

"Appeal to Reason."

BOOKS RECEIVED.

Socialist Enemies of Socialism, by Rev. Ealer (nom-de-plume). Price 20c. a copy. The Light Pub. Co., 616 E. 181st Street, City.

REPORT OF ORGANIZING SECRETARY OF THE INTERCOLLEGIATE SOCIALIST SOCIETY.

The report of the work of the Intercollegiate Socialist Society for the college season, 1912-13, just compiled by Harry W. Laidler, the Organizing Secretary, indicates a splendid progress in all lines of activity. The number of undergraduate Chapters for the study of Socialism in the colleges increased during the year from 49 to 64, and alumni Chapters, from 6 to 11, while most of the already existing Chapters were greatly strengthened. While the net increase of college Chapters was 15, some 23 college Chapters were formed all told.

Thirteen, or more than one half of those added, were in the Middle West. Three were formed among the Ohio colleges, and three in Indiana. Four were added in the Middle Atlantic States, three in the New England States, two in the South and one on the Pacific Coast. The colleges organized since last November are: Mass. Institute of Technology, Simmons and the American International College in New England, Adelphi, Cooper Union, Pennsylvania State and Washington-Jefferson in the Middle Atlantic States; Univ. of Indiana, Valparaiso, Purdue, Miami, Cincinnati, Denison, Univ. of Illinois, Colorado, Hamline, Kansas State Agricultural in the Middle West; George Washington and the University of North Carolina in the South and Southern California Law School on the Pacific Coast.

The total number of Chapters now in existence are distributed as follows: Middle West, 23; Middle Atlantic States, 21; New England States, 13; Pacific Coast, 3; South, 3; and Canada, 1. New Alumni Chapters sprang up in Chicago, Cleveland, Columbus, Los Angeles, Missoula, Pittsburgh and St. Louis.

The Society published for the first time its own magazine, *The Intercollegiate Socialist*, which gives promise of being of splendid assistance to the movement in the college and elsewhere, it distributed some 50,000 pamphlets on Socialism to interstate collegians, and it arranged directly and indirectly some hundreds of lectures on Socialism in our colleges. The Organizing Secretary alone visited more than 30 colleges and spoke before some 4,000 students in college halls.

A more intimate relation than ever before was established between the University Socialists in this country and those of Great Britain, and further efforts to co-ordinate the work of the societies in the colleges of the various European countries are being made.

A most encouraging feature of the year's work has been the assistance given by the economic professors in many of the colleges, and by student organizations. On the other hand the National Association of Manufacturers has expressed no slight degree of alarm at the growth of the movement.

In order more effectively to reach the colleges in every part of the country an auxiliary committee of the Society has already been formed in the New England States, and others will probably follow in the Middle West and on the Pacific Coast. It is hoped that these Local Committees may be able ultimately to send out organizers, arrange sectional conventions, and assist in the work of raising funds for the Society.

Much publicity both to the Society and to the general movement has also been received as a result of the work of the year. The Society will be glad to hear from all interested in its work. The headquarters is at 105 West 40th Street, New York City.

Its recently elected officers and members of the Executive Committee are: **President**, J. G. Phelps Stokes, **1st Vice President**, Mrs. Florence Kelley, **2d Vice President**, Ernest Poole, **Treasurer**, Morris Hillquit, **Secretary**, Leroy Scott, **Organizing Secretary**, Harry W. Laidler, Miss M. G. Batchelder, Prof. Frank C. Doan, Miss Jessie W. Hughan, Ellis O. Jones, Nicholas Kelley, Paul Kennaday, Miss Caro Lloyd, Dr. I. M. Rubinow, Miss Mary R. Sanford, H. D. Sedgewick, Upton Sinclair, Miss Helen Phelps Stokes, Wm. English Walling and Bouck White.

SOCIALISM DEFENDED AT HARVARD EXERCISES.

Cambridge, Mass.—In the presence of national, State and city dignitaries, sixteen honorary and 1,015 ordinary degrees were conferred by Harvard College at the annual commencement day exercises in Sander's Theater, marked by a surprising declaration in favor of Socialism.

Shattering all precedents, Park J. White, Jr., in his commencement address, "Harvard's Radicals," vigorously defended the collegiate Socialists, declaring "the empty stomach is responsible for their very existence."

"It is the radical, not the conservative, undergraduate, who is doing most to free Harvard from the opprobrious epithet 'rich man's college,'" he said. "It is the radical, not the conservative, who is showing the workingman that Harvard contains men in sympathy with their movement. Last September, when the Socialist Club marched behind its banner to the Debs rally at the arena, the ovation it received from the thousands of men and women gathered there meant something for Harvard."

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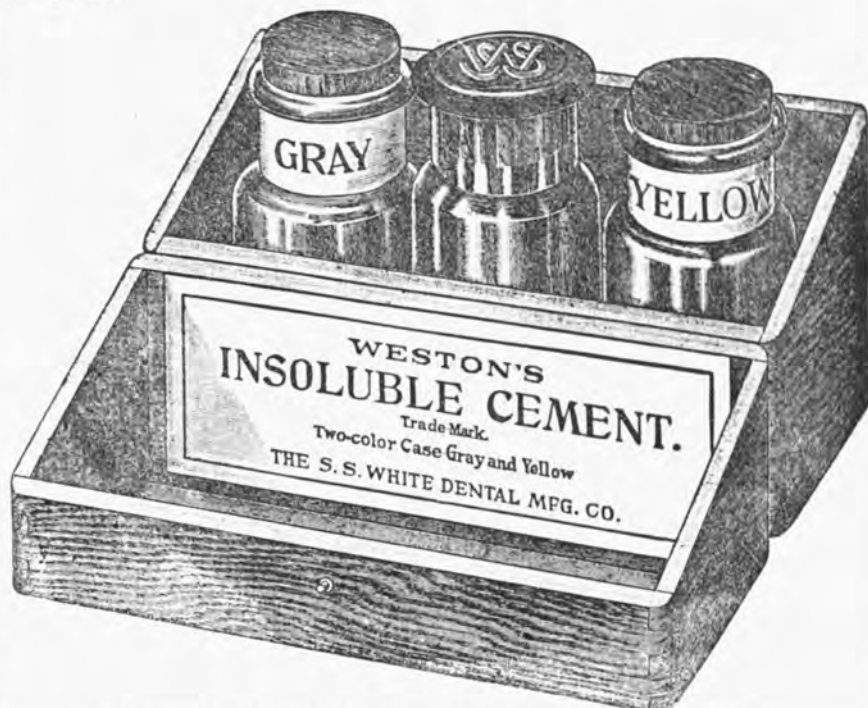
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"I feel sure it didn't cost me any more to solder the band and band cap with Ney's Solder for 22k plate, because I was able to use extremely small particles, much smaller than I could pick and place with tweezers. I used a No. 3 Sable brush, painted a little flux along the joint, laid a tiny piece of solder across the seam inside the band, applied gentle heat on the outside, and soon had a beautiful and invisible joint. The tiny piece of solder flowed clear through the joint. My experience with lower grade solders shows that they will not flow this way, that I must use more solder, and that I don't get as good a joint."

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THE PROGRESSIVE DENTIST

Vol. 2

August 1913

No. 11.

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A CALL TO ARMS!

By Dr. L. Levitt.

Like Nemesis of old, I burned with indignation, when I heard of the shameful ruling of our worthy Attorney General, disfranchising the Dental profession to the extent of barring a druggist from honoring our prescription for cocaine.

Let alone the inconvenience, to which the Dentist is subjected by this rule, for imagine the predicament, when on discovery that his supply of cocain crystals is gone, while the patient is in the chair, he, the Dentist, instead of sending down to the drug store for it, has to go out hunting for a physician to give him a prescription for the drug, which he uses in much greater quantities than — and knows at least as much of its uses and properties as — that same physician, whose kindness and confidence he is obliged to solicit.

Let alone all that — the insult flung into our faces is of the most despicable character.

What does it mean?

Does it mean that we are an irresponsible and depraved lot, who should not be trusted with the privilege of obtaining the drug on our own authority or it means that we are a stupid herd of cattle, who are not competent enough to use this privilege?

The former hypothesis has no foundation, for those professionals that were hunted down by the police as Cocaine, Morphine and Opium dealers happened to be duly licensed and registered phisicians — trustworthy and competent to obtain these drugs on their own prescriptions.

The latter supposition—i. e.—that Dentists are incompetent to be trusted with this privelege, is absurd and is a result of total ignorance on the part of our legislators. Of the scope of knowledge required by the State as qualifications for the Dental profession, this to be assumed, is idiocy. To conceive that one, who has studied Anatomy, Physiology, Pathology, Histology, Bacteriology, Materia Medica and Chemistry in a recognized institution and passed examination on these subjects with the State Board, obtaining from the respective institutions his Diploma & degree of D. D. S. and license to practice Dentistry, is not competent enough to obtain on his own prescription the drug that is as essential in his practice—to conceive which that requires a brain which has undergone considerable atrophy (caused by inactivity) and whose actions are spasmodic and intermittent, like the flame of a candle before it goes out.

It is up to you, fellow practitioners, to prove to our praiseworthy Health Dept., legislators, and Attorney General that we are not a lot of irresponsible, depraved desperadoes, nor a herd of domestic animals, who can be humiliated with impunity.

It is up to you — **Sentinels of Public Health**, who can be credited with saving of thousands of men, women and children from destructive diseases and consequent death — it is up to you to furnish the ingenious Board of Health ample evidence that you are more than a plumber who

has to get a physicians prescription in order to obtain acid for soldering pipe-joints.

Ignore the existence of our aristocratic State Dental Society; let the Allied Dental Council call a special meeting at once and arrange a protest meeting.

Unless you do this, your rights will be more and more encroached upon, you will soon cease to be designated by the name professionals and you will have to change the inscription on your shingle — "Dr. Jones Dentist" — for a more becoming one: "Jones, tooth puller and plugger".

TO SPREAD SCHOOL HYGIENE.

An important part of the programme of the Fourth International Congress on School Hygiene, which is to be held at Buffalo from Aug. 25 to 30, under the Presidency of Charles W. Eliot, President Emeritus of Harvard University, will be devoted to papers and discussions calling public attention to the urgent need of extending medical inspection throughout the schools of the United States. At least 75 per cent. of the school children in the country are physically defective, according to Secretary Blakeslee of the Executive Committee of the Congress.

Mr. Blakeslee based his estimate upon the findings of a medical inspection in typical schools, which showed that of all pupils, 26 per cent. suffered from eye strain; 6 to 12 per cent. from enlarged tonsils; 12 to 24 per cent. from nasal obstruction, and 50 to 75 per cent. from bad teeth.

One to 15 per cent. of the school children were found to have some form of skin disease; 1 to 67 per cent. had pediculosis of the scalp; 10 to 30 per cent. suffered from nervous disorders; 5 to 20 per cent. had some deformity, and 2 to 5 per cent. suffered from defective hearing.

"No effective campaign for the extension of modern methods in school hygiene can be carried on without a community backing," Mr. Blakeslee said, "and one of the prime objects of the forthcoming congress is to obtain this indorsement." The successful co-operation of all possible influences, according to the Buffalo programme, will mean the establishing of efficient medical, hygienic, and sanitary supervision in schools, giving in return these benefits.

For the child: Increased comfort, greater happiness, larger school-room success, more safety, and greater certainty of future efficiency.

For the school: Fewer absences from the schoolroom, fewer interruptions on account of epidemics, and more satisfactory educational response to classroom activities.

For the home: Less anxiety, less apprehension, fewer doctor bills, less work, more health, happiness, and prosperity.

For the taxpayer: A saving by more efficient methods in school work, and also a larger product of active, intelligent, capable individuals, whose influence will be toward the improvement of every phase of community life.

For the community: Healthier and therefore, more efficient and more prosperous citizens.

For the Nation: Results measured in terms of the conservation of human life.

Representatives are coming to the Buffalo congress from all the leading nations, and from all the leading educational, scientific, medical, and hygienic institutions and organizations of this country.

THE BUFFALO CONGRESS.

By Algernon Lee.

For about eighty years America has recognized the duty of society to provide a certain minimum of instruction to all its children gratis. It took a hard fight to establish the principle. The labor movement, then in its infancy, bore the brunt of the struggle. It had to overcome, not only the dead weight of conservatism, but the active hostility of the so-called better classes, who (with some noble exceptions) resented the proposal to tax them for the education of the children of the poor.

The "arguments" that were then advanced against universal, compulsory, and gratuitous schooling sound curiously familiar to-day, though with new applications. The following bits taken from editorials in the Philadelphia National Gazette show their tone:

To create or sustain institutions for the tuition of all classes, to digest and regulate systems, to adjust or manage details, to render the multitude of schools effective, is beyond the government's province and power.

A scheme of universal equality in education would be an unexampled bed of Procrustes for the understandings of our youth, and its application in a nation of many millions, engaged in a variety of pursuits, would be beyond human power.

One of the chief excitements to industry among mechanics and laborers is the hope of earning the means of educating their children respectably and liberally; that incentive would be removed, and the scheme of state and equal education would thus be a premium for comparative idleness.

The scheme of universal equality in education would be a compulsory application of the means of the richer for the direct use of the poorer classes, and so far an arbitrary division of the property among them.

The New York Morning Herald declared that the scheme would greatly damage American trade and manufactures, because there would be no ignorant people left to do the manual labor. Other papers held that the education of children was in the nature of things a function of the home, and that the advocates of public schools were seeking to disrupt the family and to "fly in the face of Providence."

Again to-day attention is being given to the schools. We are beginning to realize that in a complex industrial society it is by no means enough to build school houses, hire teachers, and lay out a schedule of lessons for them to drill into the pupils' heads. Mere instruction, we are coming to see, is not education; and even mere instruction is not easily imparted to nor retained by children whose ears, eyes, teeth, throats or stomachs are working badly.

Now for School Hygiene.

An exhaustive investigation has been made into the health of pupils in the public schools, not only in the large cities, but also in rural districts, and in all parts of the country. Dr. Thomas H. Wood, Professor of Physical Education in the Teachers' College of Columbia University, sums up the findings as follows:

Out of the 20,000,000 school children in the United States—

A million have flatfoot, spinal curvature, or other moderate deformities serious enough to interfere in some degree with health;

A million have defective hearing;

Five million have defects of vision;

Six million have adenoids or enlarged tonsils or cervical glands needing attention;

Ten million have defective teeth interfering with general health;

Five million suffer from malnutrition, in many cases due wholly or in part to some of the foregoing defects.

Many children suffer from two or more of the troubles named. In all, 15,000,000 children, three-fourths of the whole number, are in need of attention for physical defects which impair their present learning capacity and which are likely to develop into grave chronic afflictions or to render them abnormally susceptible to dangerous diseases in later years.

In a large proportion of the cases, these defects could have been avoided by proper precautions. In another very large proportion, they can be cured by proper attention. Every year that attention is delayed reduces the chance of cure and increases the lifelong impairment of vitality.

This is the problem to be wrestled with by the Fourth International Congress on School Hygiene, which meets at Buffalo, August 25 to 30. The first of this series of congresses was held at Nuremberg in 1904, the second at London in 1907, and the third at Paris in 1910. They have already borne fruit.

A large attendance is expected, including many of the most eminent educators, hygienists, and medical authorities of Europe and America, besides engineers, architects, statisticians, and administrators who have devoted their talents to school work.

Meeting in several sections, the congress is to take up 250 papers and fifteen symposiums, under three general heads: 1, Hygiene of School Buildings, Grounds and Equipment; 2, Hygiene of School Administration and Schedule; 3, Medical, Hygiene and Sanitary Supervision in Schools.

The Congress is open to all who are interested, on payment of a fee of five dollars. Applications are to be sent to Dr. Thomas Storey at the College of the City of New York.

No doubt the mossbacks and the tightwads will say that the care of children's health is a natural function of the home, as their prototypes said of instruction eighty years ago. If so, the home has failed. Society is going to take over the responsibility and save the youngsters, though not without vexatious opposition from antediluvians and devotees of the Golden Calf.

—August Metropolitan.

AN ACT

To amend the code of civil procedure, in relation to the disclosure by dentists of information acquired in attending a patient.

Introduced by Mr. McGrath read once and referred to the Committee on Codes.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section eight hundred and thirty-four of the code of civil procedure is hereby amended to read as follows:

§ 834. Physicians, **dentists**, or professional registered nurses not to disclose professional information. A person duly authorized to practice physic, [or] surgery, **dentistry**, or **dental surgery**, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient, in a professional capacity, and which was necessary to enable him to act in that capacity; unless, where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician, **dentist**, or nurses may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry. Nothing in this act contained shall affect any actions or proceedings now pending.

§ 2. Section eight hundred and thirty-six of the code of civil procedure is hereby amended to read as follows:

§ 839. Application of the last three sections. The last three sections apply to any examination of a person as a witness unless the provisions thereof are expressly waived upon the trial or examination by the person confessing, the patient or the client. But a physician, [or] surgeon, **dentist**, **dental surgeon**, or a professional or registered nurse, may upon a trial or examination disclose any information as to the mental or physical condition of a patient who is deceased, which he acquired in attending such patient professionally, except confidential communications and such facts as would tend to disgrace the memory of the patient, when the provisions of section eight hundred and thirty-four have been expressly waived on such trial or examination by the personal representatives of the deceased patient, or if the validity of the last will and testament of such deceased patient is in question, by the executor or executors named in said will, or the surviving husband, widow or any heir at law or any of the next of kin, of such deceased, or any other party in interest. But nothing herein contained shall be construed to disqualify an attorney in the probate of a will heretofore executed or offered for probate or hereafter to be executed or offered for probate from becoming a witness, as to its preparation and execution in case such attorney is one of the subscribing witnesses thereto.

In an action for the recovery of damages for a personal injury, the testimony of a physician, [or] surgeon, **dentist**, **dental surgeon**, or of a professional or registered nurse attached to any hospital, dispensary or other charitable institution as to information which he acquired in attending a patient in a professional capacity, at such hospital, dispensary, or other charitable institution shall be taken before a referee appointed by a judge of the court in which such action is pending; provided, however, that any judge of such court at any time in his discretion may, notwithstanding such deposition, order that a subpoena issue for the attendance and examination of such physician, [or] surgeon, **dentist**, **dental surgeon**, or professional or registered nurse, upon the trial of the action. In such case a copy of the order shall be served, together with the subpoena.

Sections eight hundred and seventy-two, eight hundred and seventy-

Explanation.—Matter in **heavy type** is new; matter in brackets [] is old law to be omitted.

three, eight hundred and seventy-four, eight hundred and seventy-five, eight hundred and seventy-six, eight hundred and seventy-nine, eight hundred and eighty, eight hundred and eighty-four and eight hundred and eighty-six of this code apply to the examination of a physician, [or] surgeon, **dentist, dental surgeon** or a professional or registered nurse, as prescribed in this section. The waivers herein provided for must be made in open court, on the trial of the action, or proceeding, and a paper executed by a party prior to the trial, providing for such waiver shall be insufficient as such a waiver. But the attorneys for the respective parties, may prior to the trial, stipulate for such waiver, and the same shall be sufficient therefor.

§ 3. This act shall take effect September first, nineteen hundred and thirteen.

MOUTH-BREATHING A DESTRUCTIVE HABIT;

A FRANK DISCOURSE

By M. J. EMELIN, D. D. S., NEW YORK.

(Fourth Article.)

To live we must breathe and to live rightly we must breathe rightly. But mouth-breathing is offensive and mouth-breathing is wrong. Why, therefore, do we breathe through the mouth? We do so because we can not breathe through the nostrils. Why can't we? Because there is an obstruction. Perhaps not enough for some specialist to see, but the obstruction is there and big enough to disable us from breathing freely. Truly, to most specialists—all faces are alike. And for lack of sympathy the afflicted are mere "cases," "subjects" or "materials." However, there are specialists who can tell even the state of one's mind from the state of one's respiration. Just so, by the way, should decayed teeth be a sufficient symptom to the rhynologist that his interference is needed. Henceforth, relieved, we should energize the mental idea: occlude our teeth firmly, meet lips tightly and breathe through the nostrils. 'Above all occlude the teeth! Let the mandible not hang apart from the upper jaw.

Our physiology and our anatomy are harmonious truths. It is self-evident that the nostrils are the natural portals for air; only through this vestibule is accomplished the refining process. We should, by all means, free ourselves from mouth-breathing as an habitual acquirement. Breathe with distinction. Acquire, so to say, a form of deliberate will-breathing. The therapeutic application of will-power is with everyone, and is ready at one's command by a mere thought. Faithful will-breathing through the nostrils for sixteen hours during the day will enable one to breathe rightly the remaining eight hours of the twenty-four. We should minister to ourselves this rational cure. It is certainly worth one's while a thousand times to overcome the bad habit of mouth-breathing. And who, like Demosthenes, could not overcome difficulties if one but be as persistent and persevering as that great orator was? We can thus infuse new hope and new life into every fibre of our being. And I hope the time will come, and no day will be too soon, when intelligent mothers will follow the Indian

or Hindu women in guarding the child's mouth so that it be shut asleep or awake. It is probably too late with some to mend their own troubles, and such should endeavor to indelibly impress upon some child's mind that to swallow air by the way of the mouth in any quantity at any time of life is wrong.

We read that our educators are alarmed by the prevalence of retarded mental development and physical starvation among children in schools. It is contended also that the highest mortality from pulmonary tuberculosis is among the factory workers, who are inhaling quantities of dust through the mouth. How much less all would suffer if they were normal breathers, for clinical observations of late years have proven that anatomical, pathological and physiological changes follow and may be ascribed to the destructive influences of mouth-breathing.

Admitting that nasal disorders are as old as the world itself, are nasal obstructions of venereal origin? What role will the law of natural selection play with these unfortunate ones? Surely, a violation of a function so vital as respiration must inevitably lead to an evolution difficult to solve by mental gymnastics only. Time will furnish the interesting data. As a capricious speculation, which might alarm the feminine fancy, let us for a moment imagine that nature in order to filter the air should raise long hairs in the oral vestibule, just as they now exist in our nostrils!

With the majority, mouth-breathing is an innocently acquired habit. By continuance it becomes a deciding factor, a common blunder. Few people realize the error of their repulsive habit. When charged, they emphatically deny such malpractice. Yet mouth-breathing is written all over their faces, shown in their movements, heard in their voices! Their spirit, their force, their best is gone!

The day is not far distant when we will definitely know the true function of saliva as a tooth preserver and nature's perpetual prophylactic agent in the oral cavity. Saliva will then be not only the ideal oral diagnostic secretion, but the great indicator of all systemic disturbances and the chief guide to dietetic considerations by the dentist, with a view to improve its defensive qualities against caries of teeth.

Undoubtedly we shall then have realized ideal prophylaxis, except for mouth-breathing, with its destructive effects. As I have said elsewhere, all habits which cause the saliva to dry or to diminish its secretions or alter its chemical composition while in the mouth, are decidedly detrimental to the welfare of the enamel upon our teeth, and should be viewed as adding fuel to the fire. All remedies for the improvement of conditions about the teeth should act upon saliva through internal administration. **Local mouth washes, therefore, should be condemned.** We all have observed how at times we could keep an oral cavity dry with comparative ease. The case then surely was that of a mouth-breather!

Associated with tonsillitis and other inflammations of the respiratory tract are ever-present dental caries. The degree of tooth-decay will be found to exist in strict ratio to the extent of mouth-breathing. Each mouthful of air means another step nearer the dentist's chair, another premature wrinkle, another gray hair, another sigh, another cough. While it is accepted that mouth-breathing is responsible for

many pulmonary affections, mental depressions, neurasthenia and psychasthenia, I am, as a dentist, chiefly concerned with mouth-breathing as the most direct and the most exciting cause of teeth-decay. These views of mine are somewhat at variance with those held by the profession in general, concerning this paramount cause of tooth-decay. To my mind sound, regular teeth and mouth-breathing are incompatibilities.

A person with "a cold in the head," cracked lips, or one wearing eye-glasses, presents the best external symptoms of trouble about the mouth. If any one tells you he has "a cold in the head"—pity him: he is ignorant; he should have said: "I have a nasal disorder that requires treatment and teeth that need to be looked after." "A cold in the head" is a ready phrase which suggests an uncalled-for apology for low personal vitality, for a wrong self-diagnosis; it implies a selfish motive to cover somebody else's suspicion of other existing chronic troubles. It is a saying calculated to divert the other's mind from the real state of affairs.

Kant, Milton, Shakespeare were mouth-breathers. Milton was a restless sleeper. His dreams were turbulent. So was Maturin, so was Granville. In centuries past it was thought that a dreamless sleep was an impossibility, which is but another proof of the extent of mouth-breathing in times past. While it is an admitted fact that dreams are associated with mouth-breathing during sleep, deep sleep during normal breathing is dreamless. Shakespeare had his nasal troubles, his horrible dreams and his offensive breath. Most certainly he had pyorrhœa! The characteristics of a mouth-breather were strongly marked in him. Well he knew that a foul, sour breath is more than offensive. For this he offers a remedy in "Two Gentlemen of Verona."

"Speed—Item: she is not to be kissed fasting in respect of breath.

"Launce—Well, that fault may be mended with a breakfast."

This is a new meaning I find in Shakespeare. Just a concurrence with my ideas of a mouth-breather. He had his silent struggles, his sorrows, much that never will be known. Those sonnets of his are proof enough. This is emphasized by Thomas Carlyle, who says: "All his works seem, comparatively speaking, imperfect, written under cramping circumstances of a mouth-breather!"

(To be continued in the September Issue.)

WOMEN CLUBS TO PUSH SCHOOL HYGIENE MEET.

Nashville, Tenn.—Hundreds of committees of club women, covering every State in the Union, during the next fortnight will unite in boosting the International School Hygiene Congress to be held in Buffalo early in August. This announcement was made by Mrs. Crockett, chairman of the Public Health Committee of the General Federation of Women's Clubs.

This committee held a conference at the residence of Mrs. S. S. Crockett, with a representative of the Fourth International School Hygiene Congress. Seven thousand women's clubs will be asked to send committees to visit their Mayors, Commercial associations, parent teachers' clubs and school improvement associations will be asked to help.

DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By SAMUEL GREIF.

(Third Article.)

Sabb. 133a.—One may perform anything necessary for circumcision on the Sabbath, as circumcising, tearing open, sucking out the blood, applying a plaster or a caraway seed. If the latter had not been ground before the Sabbath, one may masticate it with the teeth and then apply it.

NOTE. To triturate medicinal substances, a mortar and pestle are of course necessary. The teeth serve this purpose for food, why not for a caraway seed.

Sabb. 152a.—"And the grinders will stand still." (Ecc. xii. 3)—by these are meant the teeth.

Cæsar asked R. Joshua ben Hananiah: "Why didst thou not come to the debating rooms?" and he answered: "The mountain is covered with snow, the surrounding paths are icy, the dogs do not bark any more, and the millstones grind no more."

RASHI. The snow covered mountain, meaning his head was gray; the icy paths—his beard was gray; the dogs bark no more—his voice was inaudible; the millstones grind no more—his teeth were lost.

NOTE. The physiologic function of the teeth has not yet been spoken of. The above extract touches the subject to the extent that it compares the teeth to millstones, serving to grind or triturate the food. As a matter of fact there is little else to be attributed to the teeth, excepting their power of mastication. This function of the teeth is again mentioned in Middah, 65a: Once a man loses his teeth, his nutrition is diminished. R. Mair advises (see the extract following the present): Be heedful of thy teeth and thou wilt show it in thy step. Rashi comments on this: Eat well (and thou wilt look well.)

Sabb. 152a.—We have learend in the name of R. Mair: Be heedful of thy teeth and thou wilt show it in thy step (רוק בכני ותשכח בניגרי)

NOTE. R. Mair has thereby given us a well-formed proverb. He also has the credit of being the author of three hundred fox fables based on proverbs (See: Sanhedrin, 39a). Another Talmudic proverb is the following (Chullin, 127a): "Count thy teeth when thou art kissed by a Narashite," (hinting that a man of Narash was not trusty). Among the Biblical proverbs are the following: "As vinegar is to the teeth, and as smoke is to the eyes, so is the sluggard to those that send him." (Prov. x. 26). "Like a carious tooth, and a foot out of joint, is confidence in a treacherous man in a time of distress." (Prov. xxv. 19). "There is a generation, whose teeth are like swords, and whose cutting-teeth are as knives, to devour the poor from off the earth, and the needy from among men." (Prov. xxx. 14). A number of proverbs are common in Yiddish; more numerous are idiomatic expressions: **A kalie tzohn** is a **soineh in moil**; a bad tooth is an enemy in the mouth.—**A tzohn far a tzohn**; a tooth for a tooth (a Biblical phrase [Ex. xxi. 24.] signifying equal vengeance). **Leigen di tzeihn oif der politze**; lay the teeth on the

shelf, i. e., not to have what to eat.—**Leigen di tzeihn in a baitel** (bag); a variation of the the preceding. —**Di tzeihn sinen ihm far shrek shiur nit aroisgefallen**; his teeth nearly fell out for fear (see "note" to Sabb. 63b).—**Warfen a tzohn on a tzohn**; throwing a tooth against a tooth (in shivering or trembling). **Shtziren mit di tzeihn**; gnash with the teeth.—**Nit tzu wisen tzi fun tzeihn tzi fun bein**; not to have the least notion of anything.—**Shraien oif di tzeihn**; cry on the teeth, i. e., cry in vain.—**Farreden di tzeihn**; turn off one's attention in speaking.—**Zain genug nor oif ein tzohn**; suffice for but one tooth, i. e., a scarce meal.

Pesachim, 113a.—Rabbi said to his son Hyyah: "Do not make a habit of taking medicine. Do not make long strides. Avoid having a tooth extracted. Never try to tease a snake, and do not make sport of a Persian.

NOTE. Rab was a practical physician. His warning to his son to avoid having a tooth extracted was a practical advice. (The tooth in question is perhaps only the molar tooth, being rendered in the text through **kakka**. See "note" to Ber. 56a. R. Hananel adds: If an eye-tooth hurts you, do not have it extracted, because of the eye.) Extraction in general must have been a dreadful thing in those days. This is evident from the description of the forceps then employed (usually of lead, easily bending) and from their unskillful manipulation. The extraction of a tooth was simply a torturous operation. A historian describes it thus: The patient was seated on the floor, and his head, to insure its not moving, was placed between the knees of the operator. The forceps were inserted, the tooth having first been isolated and filled about with anything to insure against fracture, then with repeated there-and-back movements the tooth was finally jolted from its position. From this we can readily understand the reason for the "antipathy" existing against the extraction of a tooth. It might be mentioned, however, that so called painless extraction could have been possible, anesthesia having been known to the Talmud. Surgery in general was quite advanced in the Talmud. Operations were known is dislocations of the thigh bone, contusions of the skull, perforations of the lungs, oesophagus, stomach, large and small intestines, and imperforate anus.

The warning against the extraction of a tooth is now even common in the case of a pregnant woman. There is a wide-spread belief that if a woman have a tooth extracted during pregnancy, there will be recurrence of toothache during every future pregnancy. This eventually will necessitate the extraction of a tooth each time she is pregnant. The fear against this leads to many a woman suffering intense pain, rather than submit herself to have the troublesome tooth extracted.

The shedding of a milk-tooth, or the extraction of a tooth in children, is especially interesting owing to quite an effective ceremony connected with it. It is greatly amusing to children and brings about many a childish fancy. On the loss of a tooth, the child is directed to bring the tooth to the oven and say the following three times: "**Maizele, maizele, na-dir an alten tzohn, gib mir a nalem tzohn**" (little mouse, little mouse, here is an old tooth, give me a new tooth); then throw the tooth into the fire. Children are not always in sympathy with a little mouse; but its having dominion over the "new teeth" has perhaps many a time saved it from being scared back to its hole.

(To be continued in the September Issue.)

HEMORRHAGE IN HEMOPHILIA.

By Ethan W. Scott, M.D., D.D.S., Sebastopol, Cal.

The subject of this paper is one which does not often come under the immediate notice of the dentist, but when it does it taxes his ingenuity, tact, and resources, and perhaps causes him no small amount of uneasiness, for on its successful handling may rest his reputation. I refer to hemorrhage in hemophiliacs or "bleeders," as they are known to the laity, following the extraction of one or more teeth. Obviously unjust as the criticism would be, death, or in fact any serious condition resulting from treatment in a dental office, would bring undue notoriety to all concerned, particularly the dentist. The majority of patients expect to be half killed, anyway, when they come to us, but they refuse to be killed entirely. As to the condition itself, Osler quotes authority who lays the blame on the bloodvessels themselves, stating that the inner or the muscular coat is at fault, but fails to state any reason. Hemophilia is one of the few hereditary diseases, and has been traced through many generations—two centuries in one family; curiously enough, the males of a family are the sufferers, the disease being transmitted by the females, the latter not being affected, but passing it on. This is, however, not always true, as variations have been noted. Hemophilia is found more frequently in Anglo-Germans and in robust and healthy individuals. After very trifling injuries, hours and even days will pass with no indication of the hemorrhage ceasing. One case is on record, reported from the state of New Jersey, in which oozing continued for a year.

Two cases of severe hemorrhage stopped by injection of normal serum.

The immediate cause of my interest in this subject was two cases which came under my observation in the early part of this year. Following the unsuccessful attempt to save the roots of a badly broken-down lower second molar, I found it necessary to extract. Previously, however, I had noticed that the oozing from the tissues around the cervix of the tooth, consequent upon slight injury, which at times is unavoidable, was rather more prolonged than usual, and as a precaution I asked the patient if he was a "bleeder," and further questioned him if he had ever noticed that a cut in any of his fingers—the patient being a butcher—bled very long. The answers were all contrary to what they should have been, and I therefore performed the extraction. The patient left the office still bleeding, and continued to bleed for two-and-a-half days, when I applied the treatment which I will describe shortly. The hemorrhage was constant. I extracted on the 16th of May, at 3 P. M., and succeeded in stopping the hemorrhage on the 18th of that month between 10 and 11 P. M.

It is superfluous to enumerate the drugs used to combat hemophilia, everything of real or fancied value having been tried. Calcium chlorid, in the books at least, is considered reliable, but in three cases I know of it was of no value whatever, and one writer states that a continued use of the drug, with the idea of rendering the hemophiliac immune, only renders the condition worse. Lately strontium lactate was employed in one case, the time of coagulation being reduced to one-third within

an hour after taking it. The dose was 1 gm., but the effect was not permanent. The patient always carried the drug with him, and succeeded in reducing the hemorrhage in less than twelve hours, whereas before it continued for several days in succession.

In the intravenous or hypodermic injection of normal serum, however, we have a remedy easy to administer, safe, sure, and prompt in its results. The procedure was first introduced by Weil of Paris in 1905. Transfusion of blood has given the same results, but as transfusion or intravenous injection of serum can only be performed by competent surgeons, and in a hospital, it is out of the question for a dentist to attempt it. The hypodermic method of administering the serum, however, is within his province, and should therefore be employed by him. In case no normal serum is available, in an emergency a large blister on a willing candidate, one not belonging to the patients family or being a "bleeder" himself, can be made to yield the necessary amount, the patient's back being rendered as aseptic as possible, and care being taken in procuring the serum from the blister. In the biological laboratories, such as the Cutter Laboratory at Berkeley, Cal., sterile normal horse serum can be obtained in any amount.

In the case of extraction of the lower molar, I injected 30 cc. under the skin of the back, making one puncture. Before I had finished dressing the puncture the patient informed me that the bleeding had ceased. In this case the result was probably aided by the increased coagulability which follows prolonged oozing, for in a subsequent case, that of a brother of a patient just described, 20 cc., i.e. 10 cc. less than were employed in the first case, required between three and four hours to accomplish the desired results. The cause of the hemorrhage was a stab wound in the thigh, and as he was known to be a bleeder, the serum was given immediately. A sufficient large dose should be administered in the beginning, i. e. not less than 30 cc., as a state of anaphylaxis results, reaching its maximum at ten days and continuing for about three weeks or more, during which time it would be extremely dangerous to repeat the dose.

Next to human serum, rabbit serum is best, but it is rarely obtainable. Horse serum is always obtainable in any amount and in sterile bottles. Cow serum must never be used, as it would kill the patient. The serum can be injected with any large hypodermic syringe. I used a Pasteur syringe, holding 10 cc., with a large needle such as veterinarians use, the whole procedure being carried out under strict asepsis.

With the cessation of the hemorrhage, prompt recovery took place in both cases, the wounds being cleansed and dressed according to approved practice.

"The Dental Cosmos."

VOTES WITH HER TEETH.

Chicago.—Miss Kitty Smith, of Maywood, who is armless, was among the women voters of that suburb who cast ballots. Miss Smith marked her ballot by writing with her mouth, holding the pencil in her teeth.

Miss Smith, who is the founder of the Kitty Smith Home for Crippled Children, was one of the 2,500 women eligible to vote on the question of annexing territory known as "Oklahoma."

The Progressive Dentist

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This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We are giving space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

Dentistry within the last few years, through its broadened knowledge, its expanded scientific study, its widespread research, its improved methods of practice, and last but not least through its unlimited and noble endeavor to submit its services to the improvement of the health and happiness of the race, has very prominently directed public notice and appreciation its way. So much so that with his keen sense of observation Dr. O. W. Holmes defines dentistry thus:

"It has established and prolonged the reign of beauty; it has added to the charms of social inter-course, and lent perfection to the accent of eloquence; it has taken from old age its most unwelcome features and lengthened out enjoyable human life far beyond the limit of the years when the toothless and purblind patriarch might well exclaim: 'I have no pleasure in them.' " No one of a truthful temper would feel inclined to deny our profession this well deserved tribute. But! Have the blessings within the gift of our calling been showered upon humanity without restrictions? Do the benefits emanating from our profession reach all classes alike? Are the dispensations called "dental services" immune to adulteration? We shall attempt with our humble pen to answer these questions.

The blessings within the gift of our calling are far, very far from being showered upon humanity without restrictions. For there are restrictions to the sharing by humanity of the blessings within the gift of every other calling. The blessings within the gift of the painter, sculptor, musician, architect, etc., are not showered upon humanity without restrictions and dentistry, pitiful as it may be, is not excepted. Just

as a vast majority of our people must content themselves with hearing about the existence of great artists capable of producing exquisite paintings, beautiful statues, divine music, and magnificent mansions, just about the same majority must content itself with only the knowledge of the existence of dentists capable of fulfilling Dr. Holmes' definition. Those who are here tempted to think we are exaggerating are reminded that the ratio of the people in need of dental service and those actually obtaining same is 100 of the former to 5 of the latter.

The benefits emanating from our profession do not reach all classes alike. The 5 per cent. of those in need of dental service who are actually getting it include all classes from which the structure and superstructure of society is made up. While to those classes most in control of wealth, the dentist holds out all measures of a prophylactic nature, commencing with the prevention of caries to the correction of malocclusion, and ending with the restoration of lost dental structure, to those classes least in control of wealth the dentist is held out as the "Knight of the Forceps."

Even the adulterating feature is not missing from the profession. This adulteration is found in various grades from the unregistered assistant held out as a "Doctor" to the dental parlor owner with his alluring signs for example of "Fresh gas daily," "Twenty years guarantee," etc. What is the reason for all that? The answer is plain: Dentistry is practiced for profit.

The good name of dentistry could be maintained only in an environment fit for so noble a profession. Thoughts given to the study and solution of dental problems and hands occupied in the practice of filling and crown and bridge operations according to the theories of immunity and hygiene ought not to be occupied by commercial, competitive and profit sides of dentistry. If it is true "that a few genii can never elevate our profession to a high standard," it is likewise true that "a profit worshipping majority must degrade it."

If practical dentistry is to "include all tested theories" all the time, everywhere, and upon rich and poor, it must first be wrested from mammon. Socialism can and will perform the task by the simple method of making every dentist a member of the Board of Health.

IMPORTANT NOTICES!

With the August issue of the Progressive Dentist my connection therewith shall discontinue. I desire to express my gratitude to all who have aided me, in my none too easy task, by literary contributions and otherwise.

Among those who have materially assisted me Dr. M. S. Calman, the business manager of this magazine, deserves particular mention and I hereby wish to thank him with a sense of full appreciation.

The perfect harmony in which we were able to attend to our respective duties immensely contributed to the success of the Progressive Dentist and his unreserved assistance he gave me made it possible for me to establish its editorial success.

Lewis Rice D. D. S.

With this issue, my official connection with the Progressive Dentist ceases. I desire to thank most heartily the advertisers, subscribers and contributors for the financial and moral support they have rendered the magazine, thus making the publishing of same a possibility.

M. S. Calman, D. D. S.

Dr. J. Gerber of 347 E. 10th St., N. Y. City has been elected business manager of the Progressive Dentist to succeed Dr. M. S. Calman who held the office for two years.

The advertisers are kindly asked to settle, at an early date, all bills due the Progressive Dentist for advertising up to and including the month of August 1913 with Dr. M. S. Calman of 15 E. 106th St. All new business will be attended to by Dr. J. Gerber of 347 E. 10th St. the newly elected business manager.

[We are in receipt of the following from the Province of New Brunswick, Canada.—Ed.]

DENTAL REGISTER of NEW BRUNSWICK for 1911

NAME	RESIDENCE	DATE OF REGISTRY
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Here follows a list of the registered dentists of the Province, and then the following foot note.

Any Dentist or Dental Surgeon practicing in any form in the Province of New Brunswick, whose name does not appear in the list above is not registered as per Section 18 of "The New Brunswick Dental Act, 1890," and is liable to prosecution under said Act, and cannot legally collect fees for services rendered as per Section 30 of "N. B. Dental Act, 1890," which reads as follows.—"No person shall be entitled to recover any charges in any Court of Law for services as Dentist or Dental Surgeon, or for any medicines which he shall have both prescribed and supplied, unless he shall prove upon trial that at the time the services were performed, or the medicines prescribed and supplied, he was registered under this Act."

FRANK A. GODSOE, Registrar.

IN BELGIUM.

Not content with the making of bread and the sale of the necessities of life, the Cooperatives have gone into other fields. They care for the health of the people. In 1891 they organized a medical staff. On payment of one cent a week members of the Cooperative have at their command twenty-six physicians. There are specialists in every field of medicine employed by the society. Along with this there is a free medical and dental dispensary as well as a free pharmacy. Nor do the members need a lawyer of their own. Small contributions to the society supply them with free legal services in time of trouble.

THE SACRIFICED TOOTH.

By George Ruby.

It was during the week that the dental convention was held in that wonderful New Jersey resort, Atlantic City, that the last evening session was set aside for a smoker in honor of the visiting dental surgeons. As usual at such affairs, in a short time the air in the room became so thick from the tobacco smoke that you could almost cut it with a knife, and those of the dentists who didn't use tobacco in any shape or form were suffocating, but still they stood it as best they could, not wishing to miss a good time. There was quite a good sized crowd present, and it broke itself up into many groups, each group discussing its own subjects. Drinks and cigars were being consumed pretty freely as they compared notes and swapped stories of all kinds. Every one was in high spirits, glad to meet old friends and new ones. Quite frequently a group would burst out into a merry, boisterous laughter as some one would tell a funny joke or relate a spicy story, for there being no ladies present there were no restrictions of any kinds to the subject discussed or language used.

One such group was seated in a corner of the room. It consisted of about half a dozen men ranging in age between 30 and 40. They all had a prosperous appearance and were in a jovial mood. The topic of conversation here was mainly on scientific subjects connected with their professional life, such as the best method of collecting bills, interspersed now and then with a humorous story or reminiscences of college days.

One member of this group was a tall, handsome, broad-shouldered man about 32. He looked as if he could pull every tooth out of your mouth and not break one of them. He had jet black hair, big blue eyes and a most pleasant expression around the mouth. Just the kind of man women go crazy over, and, really, you can't blame them. Who of us is there to hate beautiful things? His name was George Parker.

Say Doc Parker, weren't you located previously in Pittsburg?" one of the group asked him.

"Yes. I was, Dr. Smith. You are right."

"And you had a dandy practice there, too, I believe?"

"A splendid one."

"Why did you leave it?"

"Well, that's a story I've never told any one before. It was an affair of the heart."

At hearing the last words, every member of the group became interested and anxious to know the details. For is there anything more interesting than an affair of the heart? Life without love is a listless, dreary existence; with it, a beautiful dream.

Everybody moved his chair up a little closer and in an instant they were all attention.

"Soon after I left college, began Dr. Parker, "I opened an office in one of the richest sections of Pittsburg and in a short time established a large practice. After I had been there for about three years, one morning I was called up on the phone and one of the pleasantest voices I ever heard coquettishly requested me to make an appointment for her the very afternoon for professional treatment. She introduced herself as a Mrs.

Violet Hopkins. Luckily a previous appointment for 2 o'clock that afternoon having been canceled on account of illness I informed her I would be at her disposal at that hour. I don't know why, but after hanging up the receiver my heart beat faster than usual, and I was anxiously awaiting the arrival of Mrs. Hopkins. Promptly at 2 the bell boy announced her arrival. She was a pretty young woman about 24, a blonde with big blue dreamy eyes and a superb figure. A tempting dimple was playing in each cheek, and between them a small cupid mouth. She came into the office with a captivating smile, thus displaying two rows of beautiful pearly teeth, the like of which we rarely come across. And you gentlemen know what a big factor teeth are to a woman's beauty.

"I already commenced to envy her husband. Upon examination of the teeth, I was only able to find one tiny cavity in one of her molars, although she had several small silver fillings in the posterior teeth. As I commenced to operate upon the decayed tooth she grasped my hand and begged me to be gentle. I felt a sudden thrill in that touch of her hand as she kept pressing mine. And from that moment I knew she would be mine. I made an appointment with her for the next afternoon again. She appeared earlier than the appointment, and during the entire sitting in the chair was laughing heartily. The sittings, you understand, were much longer than they needed to be, and in the course of a few days I made so much progress in my game of conquest that I had already reached the stage of kissing her with hardly any resistance being offered, although every time I kissed her she threatened she would never come back again. At last the filling had been completed when, during a conversation, she told me how unhappily married she was. Her parents forced her to marry a man twice her age on account of his wealth, and rather than displease them she sacrificed herself. When I told her that the filling had been finished she appeared sad, but immediately suggested that she wanted very much to substitute the silver fillings that she had with gold ones. I saw my cue and soon after that I gained my desire. Our relationship continued for some time, during which I was changing silver into gold, when one afternoon she told me her husband's suspicions were aroused. Upon hearing this I took certain precautions not to be caught in flagrante delicto. Although all my professional services had been completed and bill paid, I still could not break off our clandestine meetings. One afternoon as we were embracing in my office I heard loud voices upon the steps. An altercation was taking place between my bell boy and some man. Violet suddenly became pale from fright as she recognized her husband's voice.

"Oh, my God! What shall I do?"

There was no time to be lost if a scandal or something worse were to be avoided.

"Quick, get in the chair," I said, meanwhile unlocking the office door. I quickly grabbed a pair of forceps and pulled out a tooth. It was the upper right central. She took the glass with water to rinse her mouth. A second later Hopkins rushed in.

"What's your hurry?" I said to him. "Is your pain so great that you can't wait a minute for your turn?"

"I—I—I—," he stammered. Seeing his wife spitting out blood into the bowl and me calmly examining a solid, sound, beautiful central,

which I held in the beaks of the forceps, he became confused and dazed at not seeing what he expected to see.

"Doctor, I wish to have possession of that tooth," he said at last. There was no way out; I had to give it to him. In a few minutes they left my office and very soon after I left Pittsburgh."—New York Sunday Call.

STUDENTS' DEPARTMENT

COLLEGE NEWS.

N. Y. C. D. NOTES.

College Calendar, 1913-1914.

June 10, 1913, Infirmary Course begins.

September 8th, Monday, commencing at 9 A. M. and continuing daily till finished, examinations and re-examinations of third-year class-men; second-year class-men, and first-year class-men.

September 27th, Infirmary Course closes.

September 29th, College Session begins.

October 8th, registration of students for College Session closes.

May 11th, examinations commence.

The Trustees and Directors of the New York College of Dentistry have acquired the row of six dwellings at Nos. 326 to 334 East Forty-second street (100 foot front by 98.9 feet depth) between First and Second avenues, nearly opposite the recently erected "Hospital for the Ruptured and Crippled."

The land was purchased with the object of erecting a large structure, details of which have not yet been discussed beyond tentative talks, because, unless some arrangement is made regarding existing leases on the buildings just acquired, some of which still have four years to run, the building will be deferred until then.

At the recent convention of dentists of New Jersey at Asbury Park demonstrations of methods used in instructing students at our college were given by several members of the N. Y. C. D. teaching staff. They included Dr. Ralph Waldron in Orthodontia; Dr. Samuel I. Freeman in Prosthetic technic and Dr. Edward W. Burchardt in Operative technic.

One hundred "Dental Manikin Heads" have been added to the educational plant of the college to afford students additional, permanent and unlimited opportunities for the acquiring of skill in the technic of operative, prosthetic and orthodontia practice work.

A Dental Manikin Head is a human head form, which is adaptable to the head rest of the chair—as the human head rests there—with the fac-simile of the human buccal conditions of movable inferior maxilla, lips, tongue and gums lodging teeth, which allow of separation. The gums and teeth are replaceable by others, which may be set for either operative, prosthetic or orthodontic work. This feature of being able to take out the sets of teeth and to replace them by other sets, for any work desired, affords unlimited availability of the Manikin Heads. The Head is also adaptable to the laboratory bench for prosthetic and orthodontic work.

The Dental Manikin Heads added to the educational plant provide the college with **one hundred perpetual Manikin patients**. The college therefore established a daily, three-hour, Manikin Head clinic. The clinic is divided into three sections: the operative, for operations at the chairs of the infirmary operative floor; the prosthetic and the orthodontic sections are to be conducted in the infirmary laboratory, the work to be adapted to specially set-up conditions of the dental arches of the Manikin Heads. This clinic is intended to afford second and third-year students unlimited manual experience in all operative, prosthetic and orthodontic work.

A. F.

"THE PLUCKY, TIRELESS REUBEN" AGAIN.

Dear Editor:

In the April issue of the *Progressive Dentist*, a student comes out in valorous defense of "Plucky, Tireless Reuben,*" who though greatly handicapped by dire circumstances, yet manages to make requirements and pass examinations.

I found the defense rather amusing. He evidently labored under the misunderstanding that in my "Silhouettes" I made an uncalled for, unjustified attack upon a poor struggling student. This misunderstanding could not but be a direct result of having read my writing in a hostile spirit, else he would have easily seen that the Reuben I was describing is a close friend who has my deepest love and respect. And largely for the fact that my sympathies were with Reuben did I attempt to picture the pitiable helplessness of individual effort, when such individual effort is pitted against poverty and the callous indifference of society.

In my present letter I wish to bring the following points into relief:

There is a large number of students that study dentistry to-day for no better reason than that "something is better than nothing." Most of these unfortunates were either financially unable or educationally disqualified to take up the profession of their liking. Almost all of them find the studies dry and uninteresting, fret and chafe and have their lives made miserable. Some of these students [I elicited this from personal questioning] are at all times ready to "drop it all," should they only have their tuition fees returned. But, with one or two possible exceptions, all of these students will "stick it out," finish the course somehow or other and establish in time as dental surgeons. Do you, my friends, find no fault at all with such a state of affairs?

There are some professional students who have become such only after a prolonged and vain struggle against it. These are the few idealists—of whom Reuben might be one—who have started out in life with a quenchless thirst for knowledge in its broader sense; with eyes fixed on the inner and higher purposes of life, but who after many knocks and jolts and compromises finally land in one of the professions. They thus come into the professions shorn of enthusiasm, decrepit in spirit—ruins of their former selves. Is this, too, as it should be?

To say that with the so-called "notes" and a few old instruments one can do as good as one who has plenty of good books and instruments at his command, is to say that books and instruments are negligible items in a student's equipment. The fallacy of such a statement is self-evident

*See March issue of *Progressive Dentist*.

Plenty of good books and instruments are indispensable if one wants to do justice to himself and to the profession. But what jars one's nerves most is to see a bright and intelligent student rise and speak in defensive terms of **such** a state of affairs! What, friends, about a state of affairs that permits one to have the best of instruments and books and another to have practically nothing? What about a state of affairs that permits one to pass through all his work with his manhood and self respect unhurt, and forces another to quietly undergo untold misery and shame? What, friends, about a state of affairs that deprives a young person of the opportunity of freely choosing his or her favored vocation, and instead, drives one into an unsought unsympathetic vocation which is bound to become a nuisance and a tragedy? What about a state of affairs that gives one all the opportunities, all the rest and vacation he needs, but keeps another toiling, sweating grinding, worrying every blessed day in the year? What about a state of affairs that ruthlessly takes one's dearest, fondest hopes, shatters them into a thousand fragments and scatters them to a thousand winds? Surely there must be something fundamentally wrong with conditions that permit such flagrant abuses of simple justice—and so there is. These abuses are the freakish, direct products of the unnatural, inhuman and utterly unnecessary ways in which we struggle for existence.

There ought not to be all these petty struggles for elemental rights and elemental things, which only tend to waste precious energy and keep humanity on a low plane of civilization. The only struggle that is uplifting in nature and really worth while is the struggle for human justice and freedom and for a firmer hold on nature's secret forces.

There is today a world-wide movement ever growing, ever widening, that has undertaken this Herculean task of breaking the moss-eaten shackles and fetters that divert and dissipate human energy, human ambition. This movement wants to restore to every individual the inherent right of free growth, unhampered, undisturbed development—physical, mental and spiritual. Its name is the International Socialist Movement. How does it appeal to you?

Come, all together per aspera ad astra (through hardships to the stars).

Fraternally,

DAVID TABAK, '14, N. Y. C. D.

C. D. O. S. N. Y. NOTES.

It is one month since the doors of our new college have been open to the students and patients. The new building brought with it an entirely new system which will be put into effect when the new session begins.

The infirmary is managed on a new basis. The patients are examined on the main floor by the students under the supervision of Dr. Hutchinson, who presents them with a card, and then directs them to the third floor, to the infirmary, where a student makes the appointment with the patient and commences treatment.

The demonstrators on the floor are Dr. Berkey, who directs the work of the Juniors, and Dr. Haigh, who directs the work of the Seniors.

The students have missed the kind supervision of Dr. Haigh for three weeks while he was on his vacation.

Prosthetic and operative sections have been done away with, and

thus students waste no time while in the infirmary, and at the same time complete their requirements sooner. When not busy with operative work, they work on prosthetics.

The returns of the final examinations have been received on July 8th.

SOCIALISM AND THE EDUCATED MAN.

By Harry W. Laidler, Organizing Secretary of the Intrecollegiate Socialist Society.

(Paper read at the American Medico-Pharmaceutical League Convention, Hotel Astor, New York City.)

"We remember the time not so long ago," declared the New Haven Union recently in editorializing upon a recent debate on Socialism at Yale University, "when the doctrine of Socialism was looked upon at New Haven and even at Yale as something akin to anarchy, as the propaganda of a lot of crazy fanatics who had a desire to take all the money of the world and divide it up equally or something like that. Fortunately this day of unenlightenment, with regard to exactly what Socialism is, has passed, not only in this community, but pretty generally the country over."

"And if you had seen the hundreds of students and members of the faculty who crowded the large edifice at Yale to hear this debate, sitting on the floor in the three aisles, occupying all the space on the windows, standing far back in the hall and peering into the hall from the campus in order to catch the words through the open doors, you would have been brought to a realization that Socialism is no longer looked upon by educated men and women as a mere utopian dream of no practical interest to the vital life of to-day, but that it is being considered by the men of our colleges and universities, as well as by those far removed from our academic life, as one of overshadowing importance to the people of this country, and to the civilized world.

And if you were to visit the colleges of the country as it has been the privilege of the writer to do, you would have seen that the interest in Socialism is growing steadily in the large majority of our academic centers. As evidence of this growth, it may briefly be noted that whereas seven years ago, at the time of the organization of the Intercollegiate Socialist Society, there were practically no Socialist study groups among the students in the colleges of our land, to-day there are strong organizations in over sixty of our principal colleges; whereas seven years ago a lecture on Socialism in a college classroom or before a student body was a thing almost unheard of, this year hundreds of such lectures were given before thousands of eager listeners, and from the society's headquarters in New York alone were distributed 50,000 leaflets on Socialism.

There are many reasons why the educated man and woman of the country are showing such a keen interest in this international movement.

The Socialist movement is the greatest political phenomenon of the present century. Forty-five years ago there were but a few thousand Socialist voters in the world. To-day over 10,000,000 men and women support the Socialist ticket in over a score of the modern nations, while there are probably more than 30,000,000 of adherents to the Socialist

philosophy. There are now more than 600 Socialists in the various national Legislatures of Europe, and more than 7,000 municipal officers. In Germany the Social Democratic party has 40 per cent of the voting population, and is represented in the Reichstag by 110 members.

In the United States the Socialist vote has increased from 2,068 in 1888 to 424,000 in 1908, and to over 900,000 in 1912. This year over 1,000 Socialists are in control of municipal offices in this country. At the present rate of increase throughout the world it seems fair to assume that the organized political Socialist movement will, within a comparatively few years, be a dominant force in the politics of every industrial country.

The Socialist movement is challenging the attention of the educated men and women, not only because of its extensiveness, but also on account of its achievements.

In the promotion of political democracy, social legislation and human brotherhood, it has already accomplished splendid results.

"As the greatest and most efficient peace organization in the world, as an advocate of women's education, economic independence and political equality, and as an agency through which millions of men have been inspired with the hope of social improvement, self-reliance and strength that comes from fraternal co-operation, declares Prof. Nathaniel Schmidt, of Cornell, "this movement should be studied by the young men and women in college and university, and studied with the touch of sympathy that gives insight."

But, more important still, in the minds of the educated of the land are the aims and purposes of Socialism. Socialists seek to abolish the present unjust inequality of wealth. While three-fourths of the male adult wage earners of this country and nineteen-twentieths of the adult females actually earn less than \$600 a year, and one-half of the men less than \$500, if we were to take the estimate of Prof. Scott Nearing, of the University of Pennsylvania, others in this land are obtaining millions of dollars with little or no effort on their part. Thomas Lawson recently stated that within a few hours he culled from the financial markets in Wall street 5,000,000—five times as much as your \$500-a-year man would have earned, if he had been working steadily during the last 2,000 years.

The Socialist movement aims to abolish the tremendous waste of our present economic system and to place our industrial life upon an efficient basis. In this country in 1911 we spent on engines of destruction and their attendants \$234,000,000 while on constructive agricultural schemes but \$13,000,000. In twenty-two years, on our commercial railroads, we lost through accidents, 174,000 lives, while nearly 1,250,000 of our people were injured. It has been calculated that through unemployment each year there is a loss of 1,300,000 years of work; that \$200,000,000 is wasted on our railroad system alone, through lack of unity in its operation, and that hundreds of millions of dollars are unnecessarily expended in our present anarchistic system, with its wasteful advertising, salesmen, middlemen, and with its accompanying class struggles, strikes and lockouts.

The Socialists aim to abolish industrial tyranny. In 1900, it was estimated that 185 combinations controlled 14 per cent of the industrial output of the United States; that sixteen combinations, each with

a capital of over \$50,000,000, had an aggregate capital of \$1,231,000,000. and that in 1907 twenty-seven such combinations existed with an aggregate capital three times as great, a single combination having a larger capitalization that year than the sixteen combinations in 1900, and about one-half as large as the 185 combinations as the former period. Controlling, as the heads of these combinations do, so large a part of the industrial life of the people, does it not follow that they control, in very many instances, the political, the social and the intellectual life of the 90,000,000 of American citizens?

In order to cure these evils, the Socialist purposes the collective ownership and democratic management of the socially necessary means of production and distribution. He declares that such an industrial democracy as he advocates will abolish the source of graft, will increase incentive, will deal a death blow at our present industrial paternalism, will abolish class wars by doing away with the present two class system in society, and will lead to equality of opportunity, to industrial system and order, and to genuine freedom.

Nor does the Socialist advocate Socialism in the spirit of the Utopians from Plato to Edward Bellamy, in the spirit of a dreamer of dreams who has no conception of the realities of life and its practical problems. The Socialist declares that his ideal will be attained as the logical result of present day economic development.

There was a time when slavery was the predominant form of industry. This system, however, outgrew its usefulness, and was superseded by serfdom. Serfdom, existing during the middle ages, finally evolved into capitalism.

Capitalism has developed two chief classes, the capitalists and the intellectual and manual producers. Each is struggling for the social product. The capitalists are in the minority and are becoming a comparatively unessential element in production, their chief function being that of investing—a function which the community at large can perform much more scientifically and economically.

The intellectual and manual working class is the majority class. It is educated, organized, disciplined as never before. It is the more essential class in industry. It has the vote. The Socialist declares that it is inconceivable that the class struggle now being waged for the social product will cease until the powerful producing class, assisted by all other foes of special privilege, obtains the entire social product, and that this will not be possible until the producing class becomes the owners of the industries of the country, until we have an industrial democracy.

But there is a further reason why Socialism is being considered by those who have been trained in our academic centers. The educated man and woman is a social product. For many years of his life he has been drawing unstintingly from the great storehouse of knowledge which society has placed at his very door. Every book read, every instrument used, every lecture hearkened to has provided him with knowledge brought together by the efforts of countless of his fellow beings.

Has the trained mind a right to take from the common stock of learning and apply it to his own personal selfish use? "Or should he

not regard his knowledge as a trust committed to him by society for the common good," and is it possible for him faithfully to carry out that trust unless he is thoroughly informed as to the real meaning of the fundamental movements of mankind toward a larger and broader brotherhood and democracy?

The educated man and woman is furthermore realizing that a knowledge of Socialism brings with it deeper insight into our whole political and economical life, our literature, art, history and philosophy than does the knowledge of any other movement.

It is for these reasons, among others, that Socialism is one of the most discussed subjects in the world to-day in educational circles.

You ask me whether the educated men and women studying this problem come to a belief in the practicability of Socialism. Alfred Russel Wallace, a collaborer of Darwin, and perhaps the world's greatest scientist, declared that after informing himself regarding the principles of Socialism, he had become "absolutely convinced not only that Socialism is thoroughly practical, but that it is the only form of society worthy of civilized beings, and that it alone can secure for mankind continuous mental and moral advancement, together with true happiness which arises from the full exercise of all their faculties for the purpose of satisfying all their rational needs, desires and aspirations." If we look over our present day life we will find that many of the foremost figures in literature, art and science are open advocates of Socialism. They include William Dean Howells, dean of American letters; Jack London, H. G. Wells, Bernard Shaw, Prof. Vida D. Scudder, Helen Keller, Maxim Gorky, Edwin Markham, Gilbert Murray, Charles Rann Kennedy, Percy Mackay, Eugene Wood, Upton Sinclair and many others in the realm of literature; Alfred Russel Wallace, Jacques Loeb, Thorstein Veblen, Charles P. Steinmetz, John A. Hobson, in science; Edward Carpenter, Walter Crane, Constantin Meunier, Balfour Ker and numerous others in art; Charles Edward Russell, Prof. Walter Rauschenbusch, Prof. Charles A. Beard, Charles Zueblin, Charlotte Perkins Gilman, Florence Kelley, Alexander Irvine, Dr. W. E. P. DuBois, John Spargo and others in public and educational work; Jean Jaures, Emile Vandervelde, Keir Hardie and August Bebel in the ranks of the world's statesmen, and an innumerable host of others.

In view of the tremendous importance of Socialism to the peoples of the world; in view of the great responsibility of the trained mind in assisting in the solution of the problems of the common humanity, we appeal to you, educated men and women, to learn thoroughly the meaning of this great mass movement toward industrial democracy, and if, after thoroughly considering the Socialist challenge, you conclude that this movement is not for the weal of mankind, we ask you to fight it in all sincerity.

If, on the other hand, you become convinced that it will introduce a larger brotherhood, more real democracy, nobler humanity, we ask you to join loyally with the forces that are marching, with ever increasing ranks, toward the Comrade world.

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Vol. 2 September 1913 No. 12

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Vol. 2

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No. 12

UNUSUAL REFLEX PAINS IN NOSE TROUBLES, OF INTEREST TO DENTISTS

DR. M. J. SCHOENBERG,

Ophthalmic Surgeon at the Mt. Sinai Hospital Dispensary, Assistant at the New York Ophthalmic and Aural Institute, Assistant Surgeon at the Red Cross Hospital, New York City.

1. A Case of Acute Frontal Sinusitis Simulating a Tooth Trouble.

Patients suffering from pains in the region of the superior or inferior maxillary bone usually go to the dentist to have their teeth treated or extracted, and are often surprised to hear that their teeth are in good condition, and that they ought to consult a physician for their trouble.

I have recently seen a most unusual and perplexing case, whose history is so interesting that I consider it worth while to relate it briefly.

Patient F. M. was referred to me on March 5, 1911, by Dr. L., dentist, to "have his whole head looked over and to discover the cause of his trouble." This patient, 28 years of age, of a general healthy appearance, told me that for the last 10 weeks his teeth ached him constantly. The pains were worse at night and reached their maximum early in the morning, around 5-6 A. M.

When he first became ill, the patient consulted his dentist, and was told that his teeth were in good condition. He then went to his family physician, who thought it was "plain neuralgia," and gave him some powders, which only relieved him for half hours. As the patient did not improve in the course of several weeks, when all the usual coal tar products, as well as general diet, bath, warm compresses, etc., were tried, his physician gave the matter a closer investigation, and found out that this patient had had a chancre some ten years ago. Wasserman's test of the patient's blood was made and found "positive." This fact and the nocturnal character of the neuralgic pains induced the physician to conclude that he had to deal with a neuritis of specific origin. The treatment seemed simple. The patient was immediately put on an antisyphilitic cure, but 8 weeks of daily and faithfully performed mercurial inunctions did not bring forth the expected result. The patient was tormented by his "neuralgia" worse than ever.

Entirely disappointed, the physician sent his patient to a neurologist, who, after a most exhaustive examination, did not find any organic nervous disease, and referred the patient back to a dentist. The patient was carefully examined by my friend, Dr. L., who did not find any sign of trouble in his teeth, and, as he could do nothing for this unfortunate man, he referred him to me; "to look over his whole head."

My examination revealed a slight edema extending over the right face, up to the upper lid and right eyebrow and reaching its maximum over the right side of the root of the nose. By slight pressure of the in-

ner-upper angle of the orbit the patient complained of **extreme pains**; no pains by pressure on any other part of the superior or inferior maxillary bone.

The examination of the nose showed a **deviated septum** and a **large swollen middle turbinate**, tightly wedged in between the septum and outer wall of the right nasal cavity. **A drop of pus could be seen covering the inferior margin of the middle turbinate.**

The severe pain elicited by pressure over the right frontal sinus, and the large edematous middle turbinate were pointing clearly where the neuralgia was originating. I covered the middle turbinate with a small tampon of cotton saturated with a 10 per cent. solution of cocaine and adrenalin, and let the patient wait for ten minutes. When I took out the tampon the middle turbinate was shrunk to half its size, and a large amount of pus was dropping down from the frontal sinus into the middle meatus and further down on the floor of the nasal cavity. I then washed out the sinus and the patient was rid of his "neuralgia", which had evidently been caused by the pressure exerted by the mucous and pus accumulated in the frontal sinus.

There was in this patient a lesson for every one concerned: a positive Wasserman reaction and a history of a specific infection do not mean that every trouble such a patient may ever have must necessarily be of syphilitic nature, to be treated only with mercury or salvarsan. **The region where the patient had most of his pain was not over the frontal sinus**, and this, of course, misled the physician and the neurologist. At any rate, the dentist can be congratulated upon the idea he had to have the patient's "whole head looked over," and this shows once more how often the dentist can do a lot of good by giving his patients good advice.

II. A Difficult Eruption of the Third Molar Simulating a Sinus Trouble.

M. S., business man, 32 years of age, called upon me on February 3, 1911, and gave a history of "a chronic catarrh in the head" of a very long duration (about 15 years). He added that this cold would not have brought him to me, but for repeated attacks of pains in the occipital region, recurring daily, mostly in the morning and lasting for several hours.

His general condition, the family and personal history, do not present anything of importance bearing on his present trouble. The examination of his eyes reveal a moderate degree of hyperopia, for which the patient wears the proper glasses. Having eliminated the refractive error as a possible source of the occipital headaches, I proceeded to the examination of the nose and throat, and found a **polypoid degeneration of both middle turbinates**, due to a **chronic frontal, ethmoidal and sphenoidal sinusitis.**

This condition seemed sufficient to explain the headaches. Although there was drainage for the mucus and pus secreted by the diseased mucous membrane, lining the accessory sinuses of the nasal cavities, an occasional stoppage of the contents in one of these sinuses was sufficient to produce the pressure symptoms and consequently intense pains. The examination of the throat showed the usual chronic pharyngitis, met with in similar conditions; mouth, nothing abnormal.

I advised the patient to submit to the removal of the middle turbinates and a cleansing of the sinuses of the necrosed tissues and pus they contained. The patient consented and the treatment was instituted.

After several weeks of treatment the patient's headaches did not recede. I was puzzled, indeed! One day, while I was examining again the patient's throat, I saw his gums corresponding to the third lower molar—on each side—swollen. A gentle touch was sufficient to elicit most **excruciating pains in the occipital region**. I called in a dentist and asked his advice.

We decided to incise the gums on both sides and wait further developments. As the patient's headaches did not improve, we extracted the molar three days later. Since then the pains disappeared as though by magic.

An inspection of the wisdom tooth might aid to our wisdom once in a while!

THE PANAMA-PACIFIC DENTAL CONGRESS.

The work of promoting the Panama-Pacific Dental Congress is progressing in a most satisfactory manner, and the Committee of Organization is pleased to report that up to date, in thirty-eight states of the United States, Executive Committees have been appointed to co-operate with it in advancing the interests of the Congress.

Seventeen foreign states and countries and the island possessions of the United States have taken similar action and the appointment of like committees in other states and countries is now pending.

It is hoped that within the next three or four months every state and country in the world, where dental organizations are known to exist, will be represented by an Executive Committee, the duties of which will be to promote an interest in the Congress and secure memberships and contributions to the program.

Instructions defining the duties and authority of these committees will shortly be sent to each of them.

The committee is in almost daily receipt of letters from all parts of the world promising support and attendance, and from present indications the Congress will be greatest yet held by the dental profession.

Dr. H. A. Frederick, of San Francisco, has been elected to fill a vacancy in the Board of Directors and the Committee of Organization, in order to promote the interests of the Congress and avoid a repetition of the unpleasant controversies and contests for office which disturbed the organization and opening of the fourth International Dental Congress, has effected a permanent organization with the following officers: President, Dr. Frank L. Platt, San Francisco, Cal.; Vice-president, Dr. Charles M. Benbrook, Los Angeles, Cal.; Treasurer, Dr. Fred G. Baird, San Francisco, Cal.; Secretary, Dr. Arthur M. Flood, San Francisco, Cal.



MOUTH-BREATHING A DESTRUCTIVE HABIT; A FRANK DISCOURSE

By M. J. EMELIN, D. D. S., NEW YORK.

(Fifth Article.)

The name of mouth-breathers is "Legion." Was not Julius Cæsar a mouth-breather? Tall, somewhat pale, Julius Cæsar had a mouth with slightly drooping corners, upper lip short in proportion to the lower; the sides of his nose, near the ridge, were unusually broad; he was prematurely bald; his hearing on one side was not like that on the other; his left ear was almost deaf, for in speaking to Antony he says ("Julius Cæsar," Act i, 1-213): "Come on my right hand, for this ear is deaf." While Cæsar was a more skillful swimmer than Cassius, his breath was not as strong, and consequently he did not possess as great endurance.

It was from the waves of Tiber that Cassius carried the "man of such a feeble temper" upon his shoulders, and before they "could arrive the point propos'd" the mouth-breather cried out: "Help me, Cassius, or I sink!" And Cæsar "fell down in the market place and foam'd at mouth, and was speechless." What stronger chain of circumstantial evidence could be forged to show that Cæsar was a confirmed mouth-breather?

Kant, the German philosopher, had difficulty in breathing, due to his nasal obstruction. He deliberately trained himself to breathe through the nose only. By this worthy effort of will-power, Kant recovered his complete composure and cheerfulness, and succeeded in overcoming his morbid melancholy, which sometimes tempted him to commit suicide.

George Catlin who devoted the greater part of his life to the study of over 2,000,000 Indians of North and South America, in their simple state, sixty years ago discovered mouth-breathing to be the cause of suicides, of unnatural infirmities in the lives of civilized people, and of teeth decay.

He offers himself as a living witness, and relating his own experience he says:

"At the age of 34 years . . . I penetrated the vast wilderness with my canvass and brushes for the purpose which has already been explained, and in the prosecution of which design I have devoted most of the subsequent part of my life. At that period I was exceedingly feeble, which I attributed to the sedentary habits of my occupation, but which my friends and my physicians believed to be the result of disease of the lungs. I had, however, no apprehensions that dampened in the least the ardor and confidence with which I entered upon my new ambition, which I pursued with enthusiasm and unalloyed satisfaction until my researches brought me into solitudes so remote that beds and bed chambers with fixed air became matters of impossibility, and I was brought to the absolute necessity of sleeping in canoes or hammocks or upon the banks of the rivers, between a couple of buffalo skins spread upon the grass, and breathing the chilly air of dewy and foggy nights that was circulating around me.

"Then commenced a struggle of no ordinary kind between the fixed determination I had made to accomplish my new ambition and the daily and hourly pains I was suffering and the discouraging weakness daily increasing on me and threatening my ultimate defeat.

"I had been, like too many of the world, too tenderly caressed in my infancy and childhood by the over-kindness of an affectionate mother, without cruelty or thoughtfulness enough to compel me to close my mouth in my sleeping hours, and who, through my boyhood, thinking that while I was asleep I was doing well enough, allowed me to grow up under that abominable custom of sleeping, much of the time, with my mouth wide open and which practice I thoughtlessly carried into manhood, with nightmare and snoring and its other results, and at last (as I discovered just in time to save my life) to the banks of the Missouri, where I was nightly drawing the deadly draughts of cold air, with all its poisonous malaria, through my mouth into my lungs.

"Waking many times during the night at finding myself in this painful condition, and suffering during the succeeding day with pain and inflammation (and sometimes bleeding) of the lungs, I became fully convinced of the danger of the habit and resolved to overcome it, which I eventually did only by sternness of resolution and perseverance, determining through the day to keep my teeth and my lips firmly closed except when it was necessary to open them, and strengthening this determination, as a matter of life or death, at the last moment of consciousness while entering into sleep.

"Under this unyielding determination and the evident relief I began to feel from a partial correction of the habit, I was encouraged to continue in the unrelaxed application of my remedy, until I at length completely conquered an insidious enemy that was nightly attacking me in my helpless position and evidently fast hurrying me to the grave.

"Convinced of the danger I had averted by my own perseverance and gaining strength for the continuance of my daily fatigues, I renewed my determinations to enjoy my natural respiration during my hours of sleep, which I afterwards did, without difficulty, in all latitudes, in the open air, during my subsequent years of exposure in the wilderness, and have since done so to the present time of my life, when I find myself stronger and freer from aches and pains than I was from my boyhood to middle age, and in all respects enjoying better health than I did during that period.

"I mention these facts for the benefit of my fellow-beings, of whom there are tens (and hundreds) of thousands suffering from day to day from the ravages of this insidious enemy that preys upon their lungs in their unconscious moments, who know not the cause of their sufferings and find not the physician who can cure them.

"Finding myself so evidently relieved from the painful and alarming results of a habit which I recollected to have been brought from my boyhood, I became forcibly struck with the custom I had often observed (and to which I have before alluded) of the Indian women pressing together the lips of their sleeping infants, for which I could not at first imagine the motive, but which was now suggested to me in a manner which I could not misunderstand.

"From the whole amount of observations I have made amongst the two classes of society, added to my own experience, as explained in the foregoing pages, I am compelled to believe and feel authorized to assert that a great proportion of the diseases prematurely fatal to human life, as well as mental and physical deformities and destruction of the teeth, are caused by the abuse

of the lungs, in the mal-respiration of sleep, and also that the pernicious habit, though contracted in infancy or childhood or manhood, may generally be corrected by a steady and determined perseverance, based upon a conviction of its baneful and fatal results."

Accordingly, George Catlin's motto, "**Shut Your Mouth**," suggested to me the idea that on every lamp-post in all public buildings, places and vehicles, the signs "**Spitting Prohibited**" should be changed to read: "**Shut Your Mouth**," or "**Mouth-Breathing is Ugly**," or "**Mouth-Breathing is Idiotic**." The good meaning of these signs could hardly be misunderstood. Moreover, it is easier to encourage deliberate breathing through the nostrils than to prohibit spitting. It would prove both an effective warning and preventative measure against infection by way of the mouth.

Let us wake to the full realization of this horror. Let us shun the habits that enslave us. Can we watch our own oxygen starvation? Guard ourselves against it; fight its attack upon our health, our happiness, and the well-being of those that are dear to us.

I regret that the limits of this communication will not permit me to treat of remedial measures, but I shall do so in another paper. Until then, I hope that I have attracted the reader's attention sufficiently to cause him to ponder this subject and make him detect his own "open weakness" and reflect upon his own occasional mouth-breathing, and his own mandible which is wearily and perpetually drooping.

In presenting these reflections "it is my faith that every flower enjoys the air it breathes," the "cool, fresh air, whence health and vigor springs," and if but one of my readers leaves the ranks of the unfortunate physiological sinners my efforts will not have been in vain.

QUICKSILVER BAD ON TEETH.

Fumes of Mercury Produce Salivation and Miners Seldom Live More Than Two Years.

Quicksilver miners follow the most unhealthy trade in the world. The fumes of the mercury produce constant salivation, and the system becomes permeated with metal; the teeth of the unfortunate men drop out, they lose their appetite, become emaciated and, as a rule, seldom live longer than two years.

Chloride of lime, employed by bleachers, frequently destroys the enamel and dentine of the teeth. But phosphorus, used so largely in the manufacture of lucifer matches, affects a very large number of persons, women, girls and children greatly preponderating.

People who work in soda factories are affected by the teeth becoming soft and translucent; they break off close to the gums.

Dr. Hesse of Leipsic states that bakers are likely to suffer from decayed teeth on account of the flour entering the mouth during work collecting on and around the teeth, where it decomposes and generates an acid destructive to dentine.

DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By Samuel Greif.

Yoma 84a.—R. Jochanan had the scurvy. He went to a matron of Rome. She did something to relieve him on a Thursday and the eve of Sabbath. He asked her, What shall I do on Sabbath? She said, You will not need to do anything. He said, But if, notwithstanding, I should be obliged to do something? She said, Swear to me that you will not tell it to anyone, so I shall tell you. After this, when she had told him, he went and lectured it to everybody. But he had sworn not to tell? He had sworn, "To the God of Israel I will not reveal," but to the people of Israel he could. But this deception was a profanation of God's name? He told her immediately thereupon: I had sworn not to say it to God, but to Israel I would. What was that she told him? Said R. Aha the son of R. Ammi: Water of leavened dough, olive oil, and salt. R. Yemar says: Not the water, but leavened dough itself, olive oil, and salt. R. Ashi says: Fat of the wing of a goose. Said Abayi: I have used all these things, and was not cured until an Arab merchant said: The stones of olive, one-third grown, should be taken and burned in a new **mar**, and be applied to the rows of the teeth. This I have done and have been cured. What causes such a sickness? Eating of hot barley-bread or the remains of a dish of harsana from the previous evenings. What are its symptoms? When something is put on the teeth they begin to bleed. R. Nachman b. Itzhak said: Scurvy begins in the mouth and ends in the entrails.

Rashi.— (scurvy): a sickness of the teeth and jaws beginning in the mouth and ending in the entrails; the sickness is a serious one. **Harsana:** fish fried in flour and the fish's own oil. (At Ab. Z. 28a, Rashi renders cephidna, or as it written there caphdina, with the old French —, perhaps **muqueux**—mucous. (Landau). See also Erub. 41b, where Rashi gives the same word for the Talmudic **hidrokan**).

Note.—Aside from the etymological difficulties, the sickness referred to is one involving the teeth and gums, and is well described in the Talmud. We learn of cephidna or caphdina its etiology, pathology, symptoms, and therapeutics, the latter of which seemed to be successful resulting in the cure of R. Abayi. Cephidna has been translated by many as scurvy (Aruch, Aruch completum, Levy, Jastrow). Buxtorf translates it with "pudredo," attributing the disease to a putrescent tooth. From the pathology of the case we must assume that the disease has affected the entire oral cavity, upper and lower teeth, and was undoubtedly an inflammation of the mucous membrane of the mouth. To think it the result of a putrescent tooth would mean a pre-existing alveolar abscess, a condition of which we find no mention, leaving behind an inflamed mucous membrane. But it seems more probable that the disease was rather a form of stomatitis, apparently the ulcerative type. There are reasons to believe that the disease was not of mere local origin. We see, however, that the treatment was applied locally and has also proved quite successful. But this only illustrates that local treatment can be possible even though there be constitutional disorders existing. Also scurvy, upon which the majority of writers have agreed, is a constitutional disease, and might be accepted in as far as swelling, sponginess and bleeding of the gums are concerned.

Among the sufferers of the disease was also Rabbi, mentioned at B. Metz. 85a. Rabbi accepted for himself cephidna as an affliction for seven years, "and during all the years Rabbi was suffering from his illness, it never happened that the country was in need of rain." At Ab. Z. 28a the story of R. Jochanan is repeated, with the addition to the etiology of the case, that it is also caused by eating cold wheat-bread (excepting the hot barley-bread), and R. Nachman remarks that he was a sufferer of cephidna himself, thus strengthening his assertion that the disease begins in the mouth and ends in the entrails.

Betzah 18b.—And we have learned: One who suffers with toothache must not gargle for it, but he may dip something in vinegar and apply it, and if the pain is relieved thereby, he need have no fear of the consequences.

Note.—This is a Mishna which has already been explained together with its Gemara at Sabb. 111a. There R. Asha explains vinegar to be good for carious teeth and bad for sound teeth. The Jerusalem Talmud therefore comments that "vinegar is good for what is bad, and bad for what is good" (J. Sabb. xiv. 14c, 76). Among substances injurious to the teeth the Jerusalem Talmud also mentions the vapor of bath-houses (J. Ab. Z. iii. 42d, 59). R. Yehuda was relieved from a toothache by the laying-on of the hand of the prophet Elijah (J. Keth. xii. 35a, 51. Gen. R. 33). This sort of cure which belongs under the heading of Psychic Medicine, though somewhat singular in character, is yet an important factor of therapeutics, and includes the so-called "royal touch," as well as hypnotism, music suggestion, faith cure, and Christian Science. While the laying on of hands and the royal touch could only have worked wonders in the days of the Talmud and may not accomplish the same in our present days, yet there are reasons to believe that any kind of suggestion that can possibly be practiced to-day will give equally wonder-working results and will prove equally beneficial. To the dentist the practice of mental suggestion will always prove itself the best means for relieving many kinds of pains and for calming nervous patients, where the use of anodynes, counter-irritants and nervous sedatives would generally fail. Many a patient has come to the dentist with a throbbing toothache and has lost it the moment he seated himself upon the operating chair.

Betzah 33a, b.—(Mishna.) R. Eliezer says: One may take a splinter from the wood lying near him for the purpose of cleaning his teeth with.

(Gemara.) R. Jehuda said: To take straw or other fodder of cattle, and break it for cleaning the teeth, or so, is permitted. R. Kahana objected him: If one breaks branches of spice trees for the purpose of cleaning the teeth with them, he is liable to a sin offering. (It is permitted to break the branches of spice trees for the purpose of enjoying their odor, but only when they are soft. To clean the teeth with them they must necessarily be hard, when it is prohibited to break them.) R. Eliezer said: One may take a splinter from the wood lying near him to clean his teeth with; but the sages say: He can take only from a manger. All agree that he shall not break off, and if he does so, to clean the teeth or to open the door with it, if unintentionally on a Sabbath, he is liable to sin offering, and if intentionally on a festival, he is liable to the punishment of stripes. So is the decree of R. Eliezer. The sages, however, say: In both cases he is free, because this is only a **shubuth** (Sabbath-rest, rabbinically).

Note—We have already made mention of the splinter or toothpick at Sabbath 81b. The toothpick, or קיסם, is again referred to at Baba Bathra 15b: "He said, 'take out the splinter from thy teeth,' they answered, 'Take out the beam from thy eyes'." Probably the splinter between the teeth was kept there as a means for straightening irregular teeth, or for some similar orthodontic purpose. (See also Arak. 16b). Another form of toothpick is mentioned at Cholin 16b, where a broken piece of pipe is prohibited in five cases: not to slaughter with it, not to perform circumcision with it, not to cut meat with it, not to pick the teeth with it, and not to clean one's self with it.

Megillah 15b.—You find it also with reference to the teeth of the wicked, as it is written: "The teeth of the wicked dost thou break" (Psalms iii. 8), and Resh Lakish said: Do not read "break" (shibarta), but "distend" (shirbabta). (See Berachoth 54b; also Suta 12b).

Chaggigah 22b.—His teeth became black because of his fastings.

Note.—It is rather difficult to account for the blackening of the teeth through fasting. We learn, however, that black teeth הושחרו שיני had been known to the Talmud. Undoubtedly these were lifeless teeth in a gangrenous condition, which is the only possible explanation for their discoloration. The Jerusalem Talmud similarly tells us that "Through continued fasting the teeth become black" (J. Sab. v. 7c, 30). The commentators tell us also of red teeth (Rambam, Hilchoth Sabb. 19, 7; Ramban, to Sabb. 64b), which might have been the cause of some hemorrhage of the teeth, thus coloring them red. Besides the black and red teeth, exceptional large teeth were also known to the Talmud. Such was the case with R. Yehudah who, on account of his extraordinary large teeth, received the nickname שינא (Ber. 36a; Sabb. 152a; Erub. 54a; R. H. 24b; Keth. 12b, 14a, 53a; Glit. 78b; Kidd. 32a; B. K. 14a, 15b, 36b; B. B. 133b; Sanh. 80b; Nidd. 25b). Sometime the name Yehudah is entirely dropped and only Shinnana appears (Chag. 15b; Ker. 19b; Nidd. 13a, 17a). (See also Nazir 52b).

DENTISTS NOT READERS.

Dentists, it has not often been pointed out, do not read as they should, and it is said two-thirds of all dental practitioners are not within reach of our professional literature. Can it be possible? Observation compels us to admit some such condition is a grim fact. With the dental journals coming to one's hands each month at an outlay of one or two dollars annually, and containing the continual unfolding of a record of experience and achievement, this seems almost incredible. To read dental literature is every dentist's duty. Rest assured that nowadays the most influential and up-to-date man in any community or profession cannot be the one ignorant of the literature of his calling.—J. F. F. Waltz, D.D.S., Decatur, Ill. Dental Review, June, 1913.

THE SUNNY SIDE.**The New England Novel.**

To write a New England novel,
 Take Boston, a man and a maid,
 And start with an erudite chapter
 On calling a shovel a spade.
 Work in something soulful and earnest,
 Such as "What is the Why?"
 And mix with the briny sea breezes—
 And a dried apple pie.

Make all of your characters drawing
 In dialect stilted but quaint;
 Put most of them into eye-glasses;
 And make them say "hasn't"—not "hain't."
 Your hero might rush to the army
 And try hard to die—
 Mix this with the Mall and the Common—
 And a dried apple pie.

To write a New England novel
 Don't overlook history's aid;
 Use Washington, Webster and Henry,
 Work in a heroic brigade
 Of statesmen and scholars and sages
 Who say "It is I";
 And don't forget any one's accent
 Or the dried apple pie.

—Chicago Post.

A Rather Novel Request.

A young society woman down in Neosho went into a drug store recently to buy a bath sponge, and asked the clerk to give her a sponge bath. The clerk fainted and the woman left hurriedly before he recovered.

—Kansas City Times.

A little girl was caught pulling another little girl's hair, and the mother was anxious to overlook it. So she said:

"Don't you think, dear, it was naughty Satan that put it into your head to pull Elsie's hair?"

"It may have been," replied the little girl, "but kicking her shins was my own idea."

An Accomplished Minister.

Church service was over on Christmas morning and three prominent members walked home together, discussing the sermon.

"I tell you," said the first enthusiastically, "Doctor Blank can certainly dive deeper into the truth than any preacher I ever heard!"

"Y-es," said the second man, "and he can stay under longer."

"Yes," said the third, "and comes up drier."—(Ladies' Home Journal.)

ORAL HYGIENE COMMITTEE.

The great movement of oral hygiene, the great religion of those who have humanitarian interests at heart is not new with us. The Kings County Dental Society is simply following up the good work that every leading dental society throughout the union is doing.

The primary purpose of the Kings County Dental Society is to educate its members and thereby the public with regard to the great importance of the oral cavity towards the rest of the human body. The year just closing was marked by a great success in the literary field. But this was not enough for those who had the true aim of the society at heart, i. e. the lending of a helping hand to the needy poor. Dr. William at our last dinner made the statement that children died every day and that the greatest cause of this awful curse could be traced to diseases of the teeth and of the oral cavity. This condition cannot be coped with by individuals. Societies can do something. Our ultimate aim, however, is to hope and see that the state shall assume the burden and grant dental service to all school children just as freely and even as compulsory as education is administered now.

In the meantime however, we must aim to alleviate the terrible sufferings of the most needy poor. With this in view, the present oral hygiene committee was appointed. At present his committee consists of twenty dentists located in the so-called Brownsville section, who have volunteered to render dental services gratis to the deserving children selected by the principal and the Board of Health nurse of the most congested school in the Borough of Brooklyn. These twenty dentists are not men and women who enjoy a lucrative practice, or have more time than needed for recreation. They are all a hard working lot and their services are therefore all the more commendable.

Permit me here in the name of the K. C. D. S. to give public thanks to those rendering this good noble work.

The members of this committee are:

Dr. Fanny Kleiner
Dr. M. Davis
Dr. F. Miller
Dr. I. Russianoff
Dr. Ch. Russianoff
Dr. J. Lock
Dr. S. Shapiro
Dr. B. Shapiro
Dr. A. Ritt
Dr. A. Steinhart

Dr. L. Eliasberg
Dr. B. Reade
Dr. M. L. Osoff
Dr. M. Rothenberg
Dr. N. W. Russ
Dr. N. J. Coyne
Dr. Cooper
Dr. M. Nevin
Dr. Feldman
Dr. J. Pensak, Chairman.

This humanitarian work was commenced in December 1912 when Dr. Oswald Schlockow, principal of P. S. 109, sent an appeal to the Kings County Dental Society for its members to help the poor children in his school who are in dire need of dental care. The above-named twenty dentists responded and volunteered to accept at their office one little patient at a time. After each child's teeth are put in good condition, and the child itself is given a lesson in the proper manner of caring for its teeth and mouth, and after it is made to understand the consequences if the rules are not followed, it is dismissed. Then another

child is accepted in its stead. And in this way, twenty children are at all time receiving dental care.

No record was kept until March 1st, when the Kings County Dental Society provided record and examination charts, and the chairman of this committee was placed in charge at the school to make examinations.

During March and April and part of May the following work was accomplished.

54 Children treated; 200 Sitzings; 80 Extractions; 30 Roots Filled; 100 Amalgam fillings; 15 Cement Fillings; 54 Cleanings; 2 Crowns; 2 Gold fillings; 1 Inlay; 3 Pulp caps.

JULIUS PENSAK, D.D.S.

Chairman.

INTERNATIONAL DENTAL CONGRESS, 1914.

The Sixth International Dental Congress will be held in London from August 3rd to 8th, 1914, at the invitation of the British Dental Association.

His Majesty King George V. has graciously consented to be the Patron of the Congress, which will take place at the University of London and at the Imperial College of Science and Technology, South Kensington.

The President of the Congress will be Mr. J. Howard Mummery, and the joint General Secretaries are Mr. Norman G. Bennett and Mr. H. R. F. Brooks. Mr. H. Baldwin is Hon. Treasurer.

A Committee of Organization, under the Presidency of Mr. W. B. Paterson (President of the International Dental Federation), with Mr. F. J. Pearce as Hon. Secretary, has been busily engaged for some time in making the preliminary arrangements.

Previous Congresses have taken place in Paris, 1889; Chicago, 1893; Paris, 1900; St. Louis, 1904; and on the last occasion at Berlin, in the Reichstag, in 1909, when the German Emperor took a personal interest in the meeting, delegates attended from twenty different countries, and the Governments of many of them were officially represented.

Invitations are being issued to Dental Organizations throughout the world, and it is hoped thus to secure the co-operation of leading specialists and representative authorities in all branches of dental surgery.

The rules of the International Dental Congress provide that ethical practitioners of dentistry possessing the qualification of the country in which they received their professional education, or of the country in which they practise, are eligible for membership.

The Subscriptions for members of the Congress will be 30s. (38 francs; 31 marks; 7½ dollars), and for members of their families accompanying them 15s. (19 francs; 15½ marks; 3¾ dollars).

The offices of the Congress are:—

19 Hanover Square,

London, W.,

to which address all communications should be sent.

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This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We are giving space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

As a Socialist magazine we believe in humanity. In its inherent goodness. In its ultimate emancipation from all the social, political and economic sores that fester it. What these sores are, surely needs no mention here. Every intelligent man is fairly acquainted with them.

Wherein most thinking men differ however, is, the remedy and the application thereof, said remedy being subject to their own economic interests. George Eliot says somewhere, "Every man's philosophy is the formula of his personality." He should have added, "and every man's political creed is the sum of his economic interests." That is the explanation of the different quasi-radical bourgeois movements advocating this reform and that: tinkering timidly with the tariff, trust legislation, white slavery, child-labor, etc.; angling for votes on these various propositions and in the end leaving the majority of us no better off than we were in the beginning.

Why?

Because, the self-interest of some economic group is at the bottom of each reform and can benefit no other group; much less the proletariat. Because, rent, profit and interest, one or all of them, is the only means of exploitation.

And now we come to the dentists as a class. Where do we belong? What are our interests? Do our interests coincide with the exploiters or producers? How shall we act politically to better our conditions?

We believe the dental profession, its ethics and practice, reflects the same blighting, capitalistic influence as does any other profession, or business, for that matter.

We are workers, producers. We sell our labor-power and our skill. Accordingly we belong to the great body of workers, to the proletariat, fine social distinctions to the contrary notwithstanding. As such, their interests are our interests, their welfare—our welfare.

Not only are we workers, but the majority of us depend directly upon the working class for our livelihood. They buy our labor power and our skill. Doubly then are we concerned in their welfare.

Again, let us take up the relation of the dentist and supply houses. The large ones are virtually a trust. Whether they have combined in restraint of trade or not in the eyes of the law, does not concern us here. They may be what Roosevelt defined as a "good trust." We do not know. We do know, however, that we have to pay high prices, which are ever growing higher, with no relief in sight. In other words we are being exploited.

Lastly, let us look at the practice of dentistry itself. Words fail to express the chaos and demoralization of our noble profession. Our brothers in trade, considered educationally inferior, are far more superior and sensible in their regulation of hours of labor, competition and prices, than we are. We haven't any regulation! We are five centuries behind the times from a politico-economic point of view. We haven't even reached the "guild period."

Quacks and illegal practitioners infest our profession. Dental parlors little better than bargain-counters in department stores rule it.

Not only do we have to compete—unnecessarily to our shame be it said—with the above-mentioned, but we compete with each other in ways both cruel and absurd.

"We must live!" I can hear my readers say. In rebuttal I would ask just what do you mean by "live?" If by living you mean, toiling twelve hours a day in a stuffy office, inhaling foul odors, with little rest and less recreation; if by living you mean cutting prices to the rock-bottom so that you cannot exist unless you have plenty of work on hand; if by living you mean wasting your precious youth and the flower of your manhood in such unremunerative ways, then we say, 'tis better not to live.

(We are just beginning.)

STUDENTS' DEPARTMENT

COLLEGE NEWS.

N. Y. C. D. NOTES.

"Wet Paint," is a sign that was quite in evidence at the N. Y. C. D. during the last month. The painter with his beneficial and necessary brush was busy making things look brighter and cleaner. He reigned supreme for a while, and his rule has borne fruit. Things, if not much changed, have at least assumed a more cheerful aspect. Even the bespattered and much abused "locker bench" combination has not escaped, at this annual overhauling, from receiving a brand new "paint-coat." We wish it a long and useful life!

By chronicling the above we do not mean to imply that the painter besieged and took exclusive possession of the college building. By no means. The hustling Juniors and aspiring Seniors who take the summer course were just as much in evidence as the painter's brush. And last,

but not least, the ever-patient and forbearing patient was on hand, as usual. But none, by Jove, loomed as large on the college grounds (?) as the knight of the paint-brush. All hail to him!

"Oral Surgery Clinic. Daily from 12.30 to 2.30 p. m. except Sundays and legal holidays." This announces in large gold letters a new sign appearing on one of the windows of the Patients Examining Room. Not that it is a new clinic just opened by the N. Y. C. D. faculty. No, this clinic has existed and flourished for many a year under the direction of our venerable but ever youthful Dean, Dr. Faneuil D. Weisse.

The sign has been added, we suppose, so as to acquaint the man in the street with the hours of the clinic. Besides, it is an invitation extended to the sufferer of any facial or oral malady to avail himself of the opportunities offered by the clinic.

The September examinations and re-examinations have begun on the 8th of this month. Although our friend the "flunker" is, figuratively speaking, forced to the wall when he presents himself for re-examination, yet by redoubling his efforts he ultimately comes out victorious.

Do not take offense when dubbed a "flunker," but strive to make it synonymous with that worthy term hard-worker. And remember, that the things easily acquired are not worth having.

TO THE DENTAL STUDENTS OF BOTH COLLEGES

This is the only dental periodical in existence having a department specially devoted to the dental student's interests. The success of it depends largely upon you. It is your duty, if you have the dental student's interests at heart, to put your shoulders to the wheel so that this department may become truly representative of the New York dental student's life and his activities. Those of you who can write an article, tell a good story or start a discussion that will interest the student body ought to get busy.

Fellow student, pick up your rusty pen, polish it if need be, and send us your finished product.

Keep your eye on this page as we will have a very important announcement to make, in the near future, to the students of both colleges.

1913—Sept. 30. Examination of delinquent students begins Tuesday.

Oct. 7. Session of 1913-1914 begins.

Oct. 17. Registration closes.

Nov. 4. Election Day, holiday.

Nov. 27. Thanksgiving holidays begin at 6 P. M.

Dec. 1. Thanksgiving holidays end at 9 A. M.

Dec. 24. Christmas holidays begin at 6 P. M.

1914—Jan. 5. Christmas holidays end at 9 A. M.

Feb. 12. Lincoln's Birthday, holiday.

Feb. 22. Washington's Birthday, holiday.

May 11. Examinations begin.

May 23. Examinations end.

May 25. Commencement.

May 25. Session 1913-1914 closes.

VULGAR SPECIES AND THERAPEUTIC SUPERSTITIONS

By MAX KAHN, M. A., M. D., PH. D., Director of the Chemical Laboratory,
Beth Israel Hospital, New York City, Instructor in Biological Chemistry,
Columbia University.

This search for the cause of things and events exists since the appearance of man on the face of the earth. The inability to explain things reasonably and convincingly induced the thinkers of ancient times to use their imaginative faculties. The ancient explainers of natural phenomena were the poets.

The restless mind of man, ever seeking to account for the marvels presented to his senses, adopts one theory after another, and the rejected explanations encumber the memory of nations as myths, the significance of which has been forgotten.¹

Coeval with the birth of superstition was the birth of magic. The charlatan who could unscrupulously play upon the feelings of his ignorant audience had quite a mighty following in every locality where human beings suffered and hoped. The establishment of the Roman Church in England did not cause the old Anglo-Saxons to abandon their ancient rites and ceremonies. The inhabitants still clung to the mysterious lore of the Druids and were only able to attach themselves fully to the new belief by retaining quite a number of the heathen superstitions.

The selling of amulets by magicians is a very lucrative business even in the present day. Sometimes it is not the necromancer, but the church, which sells charms to its adherents. The word amulet has quite a variety of derivations from the Roman and Arabian tongues. Amulets were so called by the Latins because of their supposed efficacy in allaying evil; "amuletum quod malum amolitur." Some think that the word is derived from the Latin amula, which is a small vessel of lustral water carried about by the Romans. In the Arabian language, hamalet means that which is suspended.² Certain charms are supposed to the valid against all evils or ailments, others are efficacious only in certain specific instances.

People are afraid more often of an imaginary, possible misfortune than they are of the present state of infelicity. Joseph Addison says:

As if the natural calamities of life were not sufficient for it, we turn the most indifferent circumstances into misfortunes, and suffer as much from trifling accidents as from real evils. I have known the shooting of a star spoil a night's rest; and have seen a man in love grow pale, and lose his appetite, upon the plucking of a merry-thought. A screech-owl at midnight has alarmed a family more than a band of robbers; nay, the voice of a cricket hath struck more terror than the roaring of a lion. There is nothing so inconsiderable which may not appear dreadful to an imagination that is filled with omens and prognostics. A rusty nail or a crooked pin shoot up into prodigies.

I shall mention several curious charm or amulets that were prevalent in the various countries of the Orient and Occident. Among the Chinese, iron nails which have been used in sealing up a coffin are considered quite efficacious in keeping away evil influences. They are carried in the pocket or are braided into the quene. Sometimes such a nail is beat out into a long rod or wire and is incased in silver. A large ring is then made of it to be worn on the ankles or wrist of a boy till he is 16 years old. Such a ring is often prepared for the use of a boy if he

is an only son. Daughters wear such wristlets or anklets only a few years, or for even a shorter time.³

Galen mentions an amulet belonging to an Egyptian king, who is said to have lived 630 B. C. It was composed of a great jasper cut in the form of a dragon, and surrounded with rays. This was applied to strengthen the stomach and organs of digestion.

The Hebrews have quite a variety of amulets or charms, each of which has a specific virtue. In the Middle Ages, the quack necromancers did a thriving business among the Jews who had settled in Spain. Maimonides, the great physician, wrote vigorously against them:

Believe not in the magician or the necromancer; they do but blaspheme the name of God.⁴

Still many of the old superstitions have remained with the Jews. When a Gentile physician goes into the lying-in room of the Hebrew woman he will notice placards on all the four walls, written in the ancient biblical tongue. These papers invoke the aid of the great angels for protection against the evil spirits that may attack either the newborn infant or the mother.

Sometimes the charms worn were not so harmless, and had no sentimentality or mystery to grant them fascinating potency. Very frequently, horrifying things and repulsive substances were carried about to ward off illness. In Egypt the finger of a Christian or Jew, cut off a corpse and dried, is suspended from the neck and is reputed to have the powers of an amulet. In Flanders, a sick person imprisons a spider between two walnut shells and wears it around his neck.⁵

In 1726, Philip, Earl of Chesterfield, wrote in great praise of the Goa Stone:

The Goa Stone is an admirable preparation of various ingredients; it is made by a Jesuit at Goa; it hath the same effects with the Lady Kent's powder, but is much stronger; it is a sudorificke, and expells all poisons and humors in the blood; it is admirable in all feavours and agues; it drives out measles and smallpox.

"Incredulity," said Ashmole, "is given the world as a punishment." It is no wonder, then, that human beings in order to avoid this penalty, believed all that was told them, and relied upon this privilege or license, helped to burden the lore of the world with tales of absurdity and incongruity.

No natural exhalation in the sky.

No scope of Nature, no distempered day,

No common wind, no customary event,

But they will pluck away his natural cause,

And call them meteors, prodigies and signs.

Abortions, presages and tongues of heaven.

As a method of curing himself, man has attempted to rid himself of his disease by transferring it to the stranger or the foe. In Germany a plaister from a sore may be left at a crossway to transfer the disease to a passerby. "I am told on medical authority," writes a certain author,⁶ "that the bunches of flowers, which children offer to travelers in Southern Europe are sometimes intended for the ungracious purpose of sending some disease away from their houses." The contagiousness of ailments was known in olden times, and this desire to cure themselves by transferring the malady to somebody else was often the cause for the

outbreak of violent epidemics in the whole neighborhood. Sometimes, instead of passing off the sickness to a human being, they attempted to give it to some animals, and thus rid themselves of the affection. A child who was suffering from scarlet fever was treated by taking some of the hair of the patient and giving it, concealed in the food, to an ass, which was to contract the fever and thus cure the patient. A similar procedure was in vogue for the treatment of measles; the hair from the nape of the neck of the child was given to a dog. A patient that had rickets was passed over the back and under the belly of a donkey nine times, uttering no word but the successive numbers. The good women advised anybody that had convulsions or fits to try this simple remedy: Every morning while fasting, the subject is to chew a piece of grass and give it to a jay to eat; when the bird dies, the cure ensues.

In northern Europe the fays, or fairies were supposed to be evil spirits who might be propitiated by giving them a gracious appellation.

By giving diseases and other evils a good name when speaking of them, the danger of bringing them upon oneself by his words is turned away. For this reason, fairies were called Eumenides by the ancients, and "good people" by the Celts.⁷

In the small villages of Russia when a child is suffering from a cutaneous disease of the face, it is taken to an "old woman," who mumbles some words and spits several times into the mouth of the child.⁸

Incantations were one of the strongest weapons of defense against all the maladies. A person afflicted with ringworms, for example, takes a little ashes between the forefinger and thumb and three successive mornings, and, before having taken any food, holds the ashes to the part affected and says:

Ringworm, ringworm red,

Never may'st thou either spread or speed;

But ayegrow less and less,

And die away among the ase.⁹

After scalding oneself, instead of giving way to vigorous profanity, or counting up to 100, as Benjamin Franklin suggested, the custom was to blow upon the injured part and repeat:

There was two angels came from the North,

One brought fire and the other brought frost;

Out fire, in frost,

In the name of Father, Son and Holy Ghost.

The ordinary affections of childhood were treated by incantations and exorcisms, or by endeavoring to transfer the disease to the lower animals. For such a disease as smallpox, which couted its victims by the thousands every year, curious medicants were recommended. Sheep's dung or trickings¹⁰ were administered to such patients. Another procedure was to wrap the patient in a scarlet cloth.

The Chinese make their children wear paper masks on the last night of the year to prevent the god of smallpox from "pouring it out" on them, as he is supposed to attack only pretty children, and thus disfigured they will pass by.¹¹

For erysipelas they suggested chantings of witches; but this was not always to be obtained for either love nor money, for the church was quite stringent in its warfare against these old woman who rode on broomsticks and had communion with the devil. In cases where the songs

of the "weird women" were not to be heard, several medleys were suggested. The ashes of a woman's hair mixed with the fat of a swine were to be locally applied; or else one-half of the ear of a cat was to be cut off and the blood allowed to drop upon the part affected. A less odious procedure and one which has a little sentimentality with it was to rub the ailing part with a golden wedding ring.

The king's evil, or scrofula, was supposed to be curable by the touch of the ruler of England. Dr. Samuel Johnson, in his childhood days, was taken by his father to Queen Anne, in order to cure the child of the malady which affected him. The first King to introduce the King's touch into England was James I. Shakespeare has an illusion to the healing powers of this King in "Macbeth":

Strangely visited people,

All swollen and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures,
Hanging a golden stamp upon their necks,
Put on with holy prayers.

—"Macbeth," Act IV, Scene 3, line 150.

For consumption, the white plague, which even now demands a heavy toll of human life annually, the people had very many home remedies, which probably did very little remedying. The specifics that were in vogue were rather empiric, to say the least, and sometimes altogether disgusting. To live at the butcher's shop, to suck a healthy person's blood, to sleepe over a cowhouse, to inhale the smoke of a limekiln, to pass through a flock of sheep leaving the fold in the morning, to feed on a large white-shelled snail, to eat muggons or mugwort—all of these were current medicaments in various localities. Children who had tuberculosis were allowed to lie over night at a certain well, named in honor of a certain saint. In order to prevent the spread of this malady in the household, they buried the corpse with the face downward.

In hectic and consumptive diseases, they pare the nails of the patient, put these parings into a rag cut from his clothes, then wave their hand with the rage thrice around his head, crying "Deas Soil," after which they bury the rag in some unknown place.

A sore throat was sometimes treated by a very unpleasant method. The sole of a stocking that had been worn for several days was taken warm from the foot and tied about the neck of the patient. Sailors who suffer from soreness of the throat, take a raw salt herring with the bone taken out and apply it to the neck, tying a handkerchief over it and keeping it on all night.¹²

Before the discovery of the healing properties of quinine, malaria had perhaps more victims than the other severe sickness. At the present time, in the less civilized portions of the globe, they still apply to the magician for a cure for the ague. The chips of gallows and places of execution were thought especially efficacious, and lacking these, the branch of a maiden ash freshly cut from the tree or the water from a church font were used. Certain charms were carried about by those who feared an attack of the fever. A handful of groundsel worn on the bare breast, or else an especially blessed amulet with the inscription of the name of God upon it were suspended from the neck of persons who lived in malaria-infested neighborhoods.

Bring him but a tablet of lead with crosses (and Adonai or Elohim written on it) he thinks it will

Another charm was prepared after the following directions: Peg a lock of hair into an oak tree and then wrench it out. As internal medication, quacks recommend pills made from pitch, or a pill made by rolling up a spider in dough and taking it several times daily; another usage was to take a spider and rub it up alive in butter and then eat the mixture, or else eat while fasting seven sage leaves seven days running. As a barometer, so to speak, of malaria, the people shut up a spider in a box "and as it languishes and dies, so will the ague."¹⁴ Joubert, speaking of the ague, said:

Est il vray que le fievre quarte s'en va par exces on yoronguerie et qu'elle ne fait jamais sonner campagne; et qu'un home en est plus sain toute la rest de sa vie.

Not a very profitable transaction to one of the persons concerned is the following Worcestershire superstition:

Go to a grafter of trees and tell him your complaint. You must not give him any money or there will be no cure. You go home and in your absence the grafter cuts the first branch of a maiden ash, and the cure takes place instantly on cutting the branch from the tree.

A writer of the sixteenth century in England says:

Tench are good plasters but bad nourishment; for, being laied on the soles fothe feet, they often draw away the ague.

The daily cramps and aches and unpleasantness that are found in all families had their specific remedies. The usual belly-ache attack passes without the use of any medical agent, and will, in the very great majority of cases, pass in spite of any medicament. The layman, however, suffers with aches, takes a reputed remedy, gets well, and firmly believes that it was the special mixture that he had taken which had cured him. For example, they applied in Germany a special concoction recommended by Dr. Christopher Guarnonius of the court of Rudolph II of Bavaria (1576-1612). It is rather interesting to know how many people were able to obtain this remedy:

RECIPE.

The moss that had grown on the skull of a thief.....	2 ounces
Man's grease	2 ounces
Grease of Mummy	½ ounce
Man's blood	½ ounce
Linseed oil	2 ounces
Oil of roses	1 ounce
Sole armoniack	1 ounce

Mix well and apply locally.

For blows, wounds and sores in children, the kissing of the injured part was supposed to be efficacious. The ordinary intestinal colic had quite a number of "specifics" for it. One cure which must have been quite difficult of accomplishment, except by the professional clown, was to stand on one's head for a quarter of an hour. Perhaps after the exertion of standing upon one's head not only the colic but more painful diseases might have been cured. Persons who were liable to the attacks of colicky pains sometimes carried about with them wolf's dung. In his "Diary," Pepy speaks about carrying oneself a hare's foot. Pepy also gives a prescription, which I shall here repeat:

Balsam of sulphur 3 or 4 drops in a syrup of Coltesfotte, not eating or drinking two hours before or after. The making of this balsam was as follows: "two thirds of fine oyle, and one-third of fine Brimstone, sett thirteen or fourteen hours on ye fire, simpering till a thicke stuffe lyes at ye Bottome, and ye Balsam at ye toppe. Take this off, etc.

For cramps they used coffin rings dug out of a grave, bone of hare's foot, the patella of a sheep or lamb, or the trying of a thread around the limb below the thigh. It was also thought that if a rusty sword were hung near the bed, or if the shoes be placed T or X-wise over the bed, or if a pan of clean water were kept under the bed, the cramp would leave the patient.

Brimstone and vervain are no honey yet bind them to thine hand and thou shalt have the cramp.

Eating buns or bread baked on Good Friday was supposed to cure diarrhoea.

Besides the cross bun, a small loaf of bread baked on Good Friday morning and carefully preserved as a medicine is good for diarrhoea. It is considered that a little of the Good Friday loaf grated into a proper proportion of water is an infallible remedy for this complaint.

In children, or for that matter in adults, incontinence of water was treated rather quaintly. It was the custom to give to a child who suffered with this defeat three roasted mice.

The mouse, being roasted, is good to be given to children . . . in their bed; to help them funder, it will dry up the fume and spattle in their mouths.

For the household toothache, it was the custom in Shropshire to apply the amputated foot of a live mole (oont). For fraternal worms, a live trout was laid on the stomach of the patient, and the water in which earth-worms had been boiled was taken internally as a broth.

A special amulet worn by nursing women to protect them against sore breasts was a heart-shaped medal made of the lead cut off the quarrels of a church window at midnight. Bleeding of the nose was prevented, so was it thought, by wearing a red ribbon around the neck, or by suspending from the neck a dead dried toad, or a large key. A lace given unasked and received without thanks from the opposite sex will sometimes stop epistaxis.

We see that a bone taken out from a carp's head stauncheth blood, and so will none other part of the fish.

For the bites of animals, many queer remedies were in vogue. A patient bitten by a dog used to eat the hair of this dog. A person stung by an adder was advised to kill the animal and apply some of its fat to the wound, or else to make an ointment from its liver and apply it locally (Noake).

'Tis true a scorpion's oil is said

To cure the wounds the vermin made.

The Boston Journal of Chemistry (1879) tell of a druggist from Texas who paid \$250 for a "mad-stone" which had the powers to cure the bites of animals. A custom, which is practiced by the Hottentots also, is to kill a chicken and to thrust the bitten part into the stomach of the bird, and there let it remain till the chicken becomes cold. If the flesh of the fowl becomes dark, a cure was supposed to have been affected; if not, the poison had been absorbed by the person bitten.

For the cure of rickets, they suggested sleeping on a bed of green

bracken, or passing the child nine times through a holed stone against the sun. In Oxfordshire, they relieved heartache by giving the patient the last nine drops of tea from the teapot after the guests had been served.

For biliousness and jaundice, quite a number of the most disgusting mixtures were used. Lice seem to have been quite a current specific for this affection; lice served in all manners and forms, and in all ways of preparation. Nine lice to be eaten on a slice of bread and butter; or else nine lice swallowed alive, were two of the most conventional ways of taking this medicine. Poor, dirty communities need never complain of jaundice, for they always have the wherewithal to cure it.

Die of jaundice, yet have the cure about you!—lice, large lice, begot of your own dust and the heat of brick kilns.

Cancer, it was vaguely believed in certain portions of the world, was due to the growth of a toad-like body in the human organism. The first thing that was, therefore, applied to a cancerous surface was a dried toad. The doctors recommended the following composition: To a yolk of an egg add salt, then make a salve and apply. A prescription which was given to Pope Clement VII to relieve his carcinoma (I believe) read as follows:

Take of

Cinnamon	10 ounces
Ginger	5 ounces
Zedoary	4 ounces
Nutmeg	3 ounces
Elder root	2 ounces
Calamus	1 ounce

Dissolve in a decoction of lemon juice mixed with wine.

Take a half pint before meals in the time when he moon is in Cancer, Leo or Virgo.

Procreative disease was, of course, more inviting to quack remedies than any other ailment of any other part of the body. The richest quacks and those that do the most flourishing business, are these charlatans who pretend to cure the sexual illnesses. I shall not discuss the remedies for all genital disorders. Sterility, however, presents very interesting points, and I shall just briefly give some of the ancient customs that were common for the treatment of this "deficiency." In all countries, nulliparous women traveled to holy places and prayed in the churches of the holy saints to grant them issue. At Jarrow, in England, brides sit themselves in the chair of the Benerable Bede. The old English dramatist, Heywood, relates of the traveling to holy shrines of sterile women in order to become fruitful.

Another miracle eke I shall you say
Of a woman which that many a day
Had been wedded, and in all that season
She had no child, neither daughter nor son,
Wherefore to St. Modwyn she went on a pilgrimage,
And offered there a live pig, as is the usage
Of the wives that in London dwell.

In Egypt and other semi-civilized countries, the women who desire to become pregnant, pass several times silently under the corpses that hang on the gallows, or else they bathe in the dirtiest puddles where carrion and carcasses of dead animals abound.

Sage and salts were the ordinary ingredients of the prescriptions

which were given to women in order to cause them to become enceinte. On the other hand,

Gold dust is taken internally when to prevent offspring is desirable. Shot is swallowed with the same intention, and also scrapings from a rhinoceros horn.

A little superstition seems to be a universal trait, but it is the excuse of it which has caused so much harm and misery.

1Baring-Gould, "Curious Myths of the Middle Ages," p. 151.

2William Jones, "Credulities Past and Present," London, 1898.

3Doolittle, "Social Life of the Chinese," II, 309.

4Maimonides, "More Nebbuchim."

5Chambers, "Book of Days," I, 372.

6Tylor, "Primitive Culture," II, 137.

7J. G. Campbell, "Superstitions of the Highlands and Islands of Scotland,"

1900.

8Kahn, "Biochemical Studies of Sulfoeyanates," 1912.

9Ashes.

10Jackson, "Shropshire Folk Lore," 1883.

11Doolittle, "Social Life of the Chinese."

12A. H. Markham, "A Whaling Cruise to Baffin's Bay," 1874, p. 253.

13T. Dodge, "Wit's Miserie," 1596.

14Northal, "Folk Phrases of Four Counties," 1894.

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The executive committee has engaged a new meeting hall, The Masonic Temple, Claremont Avenue near Lafayette Avenue.

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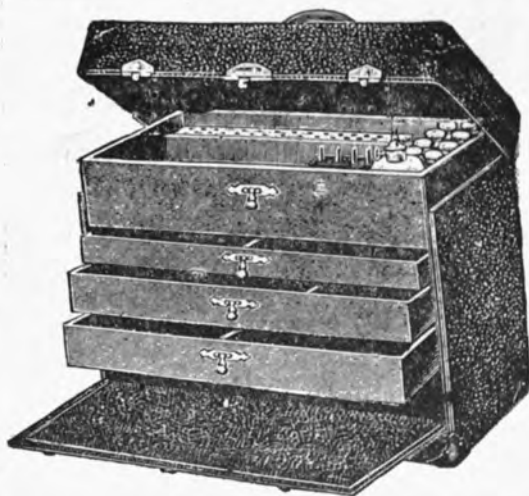
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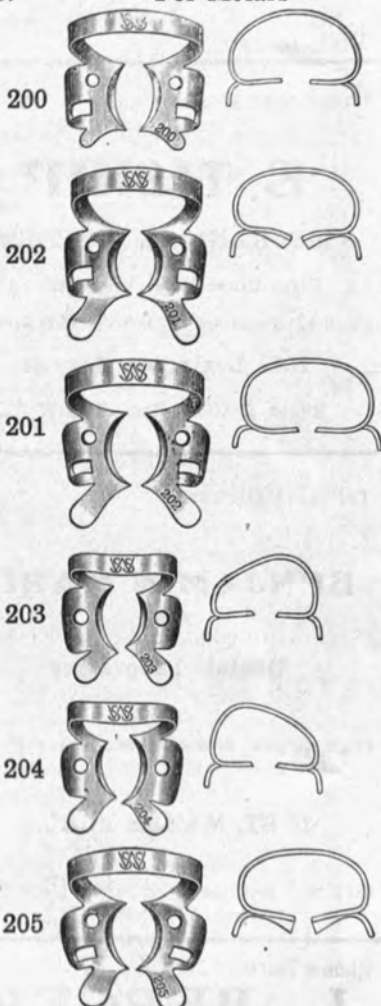
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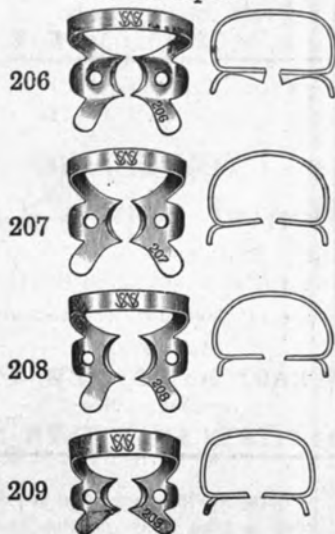
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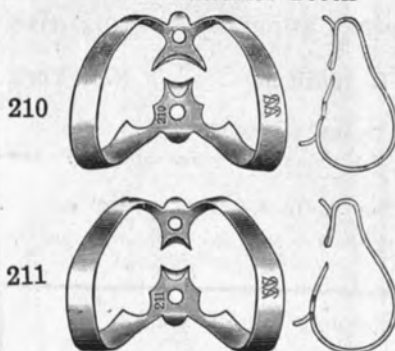
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Vol. II. October, 1913. No. 13.

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Vol. II

October 1913

No. 13

WHY JOIN THE PARTY.

By Prof. Vida D. Scudder, Wellesley.

Author of "Socialism and Character," etc.

(From the October-November Number, The Intercollegiate Socialist.)

Hundreds of Socialists all over the country are asking themselves this question. Real Socialists too, not of the parlor type, but of the common garden variety,—hardy perennials, if you will. They are people who have gone far ahead of the excellent reform program in which progressives of all schools agree, people who would never be content with the gradual establishment of a reasonable modicum of social well-being and economic "justice"; people whose convictions do not stop short of the abolition of the wage system, the socializing of all socially productive wealth, and an uncompromising industrial democracy realized through a co-operative commonwealth. Times move swiftly; sometimes it seems as if these strong formulae, still abhorrent to the majority, held the assent of every fifth person one talked to,—certainly of every tenth. We witness from day to day a surprising growth of Socialist conviction and emotion. But of avowed Socialists only a small percent take what would seem to be the natural step and join the party committed to the principles they profess. Why?

We all know the reasons well enough. Many people hate to stress the class struggle as an instrument. Others suspect a materialistic cast of thought and dislike the animus of the movement. Others would "feel queer" in the party organization. And to a great many it never occurs to join, because while Socialist literature and Socialist emotion have to a considerable extent percolated into their intellectual and academic world, the fighting force, the practical movement, remains outside their vision and beyond their horizon. They are actually unaware of it as a thing to be taken seriously and with respect, except in the vaguest sort of way, they are ignorant that it exists.

More than any other modern political movement, Socialism is rooted in a philosophical conception. One has to think hard to accept it. This fact may someday prove its strength, meantime it is in some respects a temporary weakness. No particular intellectual travail is necessary to make a man into a Republican, or a Democrat. The Progressive platform is hardly more than an orderly expression of Good-Will angered by our obvious social wrongs. But to become a Socialist is different. This involves a long grave process of thought, an abandonment of traditions instinctively cherished, a deliberate mental emancipation of oneself, and a tremendous act of both intellectual and moral courage. So intense is

the process, so dramatic the final acquisition of faith, whether faith come suddenly as a conversion or slowly as a natural climax, that these seem in a way all-sufficient. The thing is so great that one stops there, lost "in wonder love and praise," thankful that one has escaped the blind alley of social hopelessness, and beholds the way to social righteousness clear before one.

Numbers of people whose lives do not involve them in any political or industrial struggle, are precisely at this point. As they have decided whether they will follow Kant or Locke, James or Royce, Bergson or another, so they have made up their minds to be Socialists. They have found their intellectual home, and there is an end of it.

But it should not be the end. To be a Socialist implies a different kind of responsibility from being a disciple of Hegel. For though Socialism be rooted in abstract ideas of human relations and rights, it flowers in a definite conception of social organization, which will never become actual unless we make it so. Between the act of faith and the co-operative commonwealth, lies the big struggle. And the fight is "on." As English Walling so well insists, while the academic theorists have been cautiously coming to their convictions, the Socialist movement, proletarian, passionate, political, has been growing straight out of life. Between the theorists and the fighters, a gap yawns wide. It should be crossed, and life is so much more than theory, that it is the part of the theorists to cross the gap, join the party.

One cannot decide for other people, and many clever and good men and women are conceivably serving the Socialist cause better outside the party than they could within it. It is well to confront the situation honestly. By staying out one avoids a lot of misconception; by coming in one forfeits a lot of influence. By staying out one keeps clear of corporate responsibility for many things, tangible and intangible of which he may disapprove; by coming in one may meet distressing moments, when he has apparently to endorse what he may really abhor. For instance, if one stays out he can cast his vote in an opportunist fashion, as he may judge best at a particular moment; if he is within, he has become part of an organization demanding fidelity to its decisions, decision to be sure which he has his share in reaching through the party vote, but from which he may in the end dissent. To an appreciable degree, one does in joining the Socialist Party sacrifice his liberty. By staying out one can remain in a pure atmosphere, remote from the agonizing process toward freedom, in a god-like aloofness contemplating an inspiring ideal. If one comes in, the dust of battle hides the vision, and in the turnings of the way one questions if the goal be lost.

Yes! Staying out is more comfortable. One feels more clean, more free. There is only one trouble. No real gods ever are aloof. To think them so was an old theological blunder. All the real gods are within the struggle, and the very process itself is their expression of themselves. If we want to be god-like, we too must get into that struggle and that process. It is the human instinct to stay out; to get within, is the divine method.

To stay outside the Socialist Party, when one has become convinced that Socialism is true, is an unsocial performance. One does not judge

other people. Every last one of us, Socialists not in the least excepted, is an individualist, and even an anarchist, in spots; and nobody gets socialized through and through by simply adhering to the Socialist creed. But that creed like all others is worthless unless it gets into experience and recreates life, and just in proportion as it does so, liberty, status, influence, irresponsibility toward the wrongs and blunders of others, all cherished assets to be kept by remaining outside the party, fade and lose their value before the spiritual vision, while one thing shines out,—the chance to bear one's kittle witness, the privilege of enlisting in the great army definitely pledged to fight for what one believes in.

Here, moreover, is one way of getting drill in associated life and effort. That kind of drill has many unpleasant possibilities, to belong to the Socialist Party is often as disconcerting as to belong to the Christian Church, and lays one equally open to misrepresentation. But the race has got to have an immense amount of this kind of anti-individualistic discipline in the common life, if a Socialist world is to be possible. And where should a Socialist spirit secure such discipline in democratic and corporate activity, more naturally than within the political organization pledged to work for his ideals?

Many convinced Socialists stay outside the party because they do not like our avowed use of the class struggle as an instrument. Now as we are always saying the party does not create that struggle by recognizing it, and if the Lord has allowed it to develop as an historic phenomenon, He probably intends us to make some use of it. But if people do not like it, they have the power to soften its asperities and modify its character, by the very simple act of joining the proletarian movement, which if sufficient numbers join, would be a proletarian movement no longer in any sense to which exception could be taken, though in the true sense it must always remain such. In the same way, if people think the animus of the party materialistic or anarchistic, (an opinion in which if they join they will find themselves largely mistaken), they can change that animus and introduce new factors and emphases as swiftly as they will. If mere ignorance holds them out, and the all but hopeless provincialism that stifles an intellectual aristocracy is a more deadening negative force than we realize, then they need for their own salvation to escape from books to life.

How worth while it will be if the I. S. S. can persuade honest Socialists by hundreds and by thousands, to see the matter in this way!

The Intercollegiate Socialist is a quarterly, 10c a copy, 25c a year (15 copies \$1), published by the Intercollegiate Socialist Society, 105 W. 40th Street, New York City.

The Intercollegiate Socialist Society is commencing its season 1913-1914 with splendid prospects. During the last college year the number of undergraduate chapters increased from 49 to 64 and graduate Chapters from 6 to 12; a quarterly magazine, The International Socialist, was established and the beginnings were made in the formation of district executive committees.

One of the most significant features last season was the marked interest in Socialism which was found time to pervade entire college bodies in a number of institutions. This interest registered itself in the invitations extended to Socialists by members of the faculty of the various undergraduate bodies to explain the fundamentals of Socialism before college classes, at chapel exercises and other gatherings; in the animated discussions of Socialism by students in economic history and other classes; in the extensive reading of Socialist books, periodicals, and in the large attendances at meetings arranged under the auspices of the Society.

The Society, this year, is planning to make a special feature of its quarterly magazine, *The Intercollegiate Socialist*. The first issue will be out in October and will contain articles among others by Prof. Vida D. Scudder, Ernest Poole, Arthur Bullard, C. Hanford Henderson, J. G. Phelps Stokes, John C. Kennedy, William English Walling, Caro Lloyd and Harry W. Laidler. The Book Review department will be a special feature. Copies may be secured at 10c a piece from the headquarters of the Society, 105 W. 40th Street, New York City. Subscription price is 25c a year. Bundles of 20 copies may be purchased for \$1.00. All those interested are urged to order their copies at once.

MOUTH-BREATHERS

Luxurious, rampant life, through evolution's strife
Has stamped those "living fast" with errors of their past;
The knotted, hobble teeth, the lame and peg-like teeth,
Teeth striped and yellow-pitted reveal their sins committ'd.

Thus ugly teeth bespeak the slovenly and weak;
With peccant nose—unused, with mouth misshaped—abused,
Each gust of air, each breath, by way of mouth, claims death;
Teeth leave them day by day in rhythmical decay!

Before it passes its share, the sweetest, purest air,
When passing through the mouth, becomes impure, uncouth;
Thus "liquid life"—the blood—is poisoned, pale'd and slow'd
To waste their chest their health, their happiness and wealth!

The light and restless sleep the horrid dreams that creep
Through dusky, foggy hours, the dreary mental powers,
The dry and coated tongue, the snoring loud and strong
Enough to wake the dead—these coil their lives with lead!

Blue rings below their eyes, the fearful look, the sighs,
The blushes—oft behind their specs—betray the mind,
And weary, yawning self. The breathing in itself
Is at an ebb so low, that wind's a deadly blow!

With guttural tongue—voice, with moods oppressed,—real joys
Are strange to them! They sneeze, they cough in faintest breeze
And hawk. The aching head, the nose is e'er in dread
Of air. With lips apart—they shame our higher art!

Mark J. Emelin, D.D.S.

FACTS AND COMMENTS.

By Dr. L. Levitt.

LOCAL ANAESTHESIA.

Considerable trouble from afterpain as well as pain during the act of extraction, when local anaesthesia was used, forced me to do some observation and experimentation in order to find the cause or causes of said pain. As a result of these observations I arrived at the conclusion that the following are the causes:

- 1) Too much liquid injected.
- 2) a.—Forcing the needle too deep. b.—Injecting in too many places. c.—Too great and too rapid pressure applied in forcing the liquid into the gum.
- 3) Too brief interval between injection and extraction.
- 4) The breaking away of too much of the alveolar process.
- 5) The irritation produced in the gum by the rough edges of the broken alveolar process.
- 6) The loss of too much blood from the socket, which produces swelling and pain.

How can we best avoid these unfavorable circumstances?

1) It is best to inject as little of the anaesthetic as possible, confining it to the immediate area surrounding the tooth, thereby avoiding over-distention of tissue and diminishing the after-effects of the drug. The prevailing opinion is, that the more liquid, the deeper the anaesthesia—this is erroneous; as a matter of fact the loss of sensitiveness in the injected area is more due to the expulsion of the blood, than to the anaesthetic properties of the liquid, for it is well-known that perfect local anaesthesia can be produced by injection of distilled water, in which case the loss of sensitiveness of the sensori nerve endings is due to lack of blood, which was forced out by the ingress of the liquid. This loss of sensitiveness in the immediate vicinity surrounding the tooth, does not require much liquid and further injection, which would simply widen the anaesthetized area, is, beyond doubt superfluous.

The lingual side of the gum should receive less of the liquid than the buccal or labial side and for the following reasons: a) the gum tissue has less nerve filaments on the lingual side than on the buccal and labial. b) the injury to the tissue caused by the operation is considerably less on the inside than on the outside as the tooth is extracted outwardly and the breaking of the alveolar process and tearing of the gum tissue is incomparably greater on that side. Hence the internal part of the gum should be injected only once, in the center of the area of the tooth and just enough to turn this small area slightly pale.

On the other hand the external surface of the gum should be injected on both sides of the tooth into the outer part of the interproximal space, where the tissue is more solid and is not obstructed by the alveolar process. The result of this method is that the anaesthesia travels in a semi-circle around the tooth, covering completely the necessary area.

Exceptions to this rule are deep-seated roots covered by a good deal

of tissue and scattered roots of upper or lower molars, in which cases one injection on each side of the root (internal and external) is sufficient.

2) Part of this question—the unnecessary injection into many parts of the tissue—is already answered.

Too rapid and too great pressure applied in forcing the liquid into the tissue, overtaxes the flexibility of the cells and capillaries and results in their rupture, which produces pain during injection and soreness and inflammation subsequently. The forcing of the needle too deep is objectionable for the same reason, for it requires too much pressure for injection which is injurious.

3) One minute is said to be a sufficient interval between the injection and extraction, for anaesthesia lasts from $1\frac{1}{2}$ to 2 or $2\frac{1}{2}$ minutes. My observations convinced me of the fallacy of this.

Not only does the anaesthesia last much longer (close to five minutes) but it becomes deeper as time advances until it reaches the climax, after which sensitiveness gradually begins to return. At any rate, I have extracted teeth after an interval of $2\frac{1}{2}$ and 3 minutes with less pain to the patient, than after an interval of shorter duration, using similar cases for observation.

4) The discussion under this heading does not include cases of loose teeth or decayed roots, where the alveolar process is considerably absorbed and does not require fracture.

That the alveolar process must be broken in 90% of extractions is certain, but it is not less certain that the fracture varies in extent and that by proper care it may be reduced to a minimum, diminishing the after-pain thereby.

The fact that a small wound gives less pain than a large one is too obvious to require illustration: less blood necessary for repair of tissue, less heat attending granulation, less inflammation and swelling, hence—less pain.

5) The rough edges of the broken alveolar process should be trimmed and smoothed by a small stone, regardless of bleeding from the socket, for, the inflammation, retarded healing and pain that can be avoided thereby are very great.

6) The loss of too much blood is frequently the cause of considerable swelling, inflammation and, consequently excruciating pain, which can be avoided by stopping the hemorrhage immediately after extraction and syringing the socket, instead of allowing the patient to rinse his mouth for a considerable length of time, thereby depriving the injured part of its necessary blood supply.

A man to whom illness was chronic
When told that he needed tonic,
Said, "Oh, doctor dear,"
"Won't you please make it beer?"
"No, no," said the doc,
"That's Teutonic."

—Princeton Tiger.

SEXUAL PERVERSION.

By Leon Harris, M. D., D. D. S.

I am approaching this subject with a feeling not unlike the boy who is telling tales out of school. There are perhaps many people who will get as far as the heading in reading this article. The old belief and teaching that anything relating to sex must be covered up and kept from human gaze is still prevalent among certain people, who, while sexually normal, still suffer somewhat from mental perversion.

At any rate, we are approaching the dawn of a new era, when these sexual perverses will be treated with the same consideration and scientific understanding as we now treat a case of typhoid fever or ulcer of the stomach.

The days of Salem witchcraft have become extinct; old women whose backs have been bent, and whose faces are furrowed by creeping age, are no longer in jeopardy of the stake or the hangman's noose. And thanks to the researches of Havelock Ellis and Prof. Krafft Ebing, of the University of Vienna, the searchlight of reason and understanding has been turned on most powerfully on these sexuo-pathological cases. I wish in this article to make a plea for the proper understanding of these misfits of nature so that our scorn and contempt might be replaced by a feeling of pity and tolerance.

It is to the everlasting disgrace of this nation that we have not as yet come to a clear and rational understanding of these cases, and that our penal code is still as of old in our method of dealing with them. Only a few recent instances will illustrate this and I will mention them later.

It is my object to throw a little light on this subject to the readers of *The Progressive Dentist* in so far as my study of the subject and a few personal observations will allow me to do so. I do not claim any originality along this line, but will rather act as a medium between those who have given their whole life to the study of the subject and those who do not understand it at all.

Before going any further, I wish to differentiate between true sex perverses and sex inverts. By sex perverses I mean those who have through habit or association gratified their sex desires in a most abnormal manner. The perversion is, in my estimation, psychical, the result of certain impressions on a weak and yielding mind, and includes such acts as masturbation and what is known as Erotic Symbolism.

These latter form of practices I consider perversions or sexual abnormalities. They arouse my disgust or pity no more nor less than a running sore or an abnormal growth. I can not conceive of a sound mind sanctioning such practices, and I scorn physical punishments of nature's freaks.

The subject of masturbation is familiar to most of us. It is a method of self-gratification practiced by both sexes in a most variable manner. It is a most common practice among people who are sexually starved, and is therefore most frequent in prisons, asylums, barracks and in boarding schools. The practice is well nigh universal, so that one authority on the subject has expressed himself by saying that "Out of one hundred persons ninety-nine masturbate or have done so, and the one hundredth

lies." The effects of masturbation are no worse than those of normal intercourse except that the effects are mentally deleterious. These subjects brood over their conditions and imagine that their secret practices are indelibly written on their faces, where "He who runs may read it." They become therefore self-conscious, self-analytical, introspective and suspicious of everybody's gaze. Their fears are ill founded, as there is nothing in that practice to warrant such symptoms. If masturbation could be practiced no more frequently than normal sexual intercourse the effects would be no worse. The quacks and human vultures who prey upon these sufferers exaggerate their symptoms and frighten them almost into insanity.

The next subject of interest is that of "Erotic Symbolism." Here we have instances of where certain parts or symbols of those of the opposite sex are absolutely essential to the excitation and culmination of the sexual act. Marked among these perversions are the so-called cases of "Fetichism." A fetish is a part or apparel worn by the opposite sex which is absolutely essential to arouse any sexual desire or appreciation. Thus, a pair of stockings, a shoe, a lock of hair or a corset cover will act as a powerful stimulant to the male, while the woman wearing it, no matter how graceful her physique, or exquisite her beauty, will hardly be sufficient to rouse any sexual desires. The abnormality, to my mind, is a psychical rather than a physical derangement. A specific case mentioned by Havelock Ellis, I think, will convey the method of inception of these perversions.

A young boy about ten years old was frequently left at home alone with a girl cousin. They played together frequently, and then for the first time the boy became aware of a beautiful gilded slipper that she wore and also noticed her tapering ankle. At the sight of this there was the first awakening of sexual feeling, and the boy was overwhelmed with passion. He then lay on the floor on his back and in innocent play directed the girl's feet over his abdomen, and gradually guided her slipper to his sexual organ, which culminated in an emission. The slipper then became an established fetish for him. He never could have any sexual desire except at the sight of this slipper. He was never happy for the rest of his life except when he could have his beloved slipper with him. At the same time no woman, however beautiful, could ever rouse him sexually. He would next walk in front of shoe shops and admire the slippers displayed there with an ecstasy of feeling that nothing else in the world could produce. At the same time he would be almost frigid in the presence of women unless they wore slippers that would appeal to him.

The relationship between his peculiar fetish and his sexual desires is apparent. At the first awakening of his sexual desire he fondled the slipper and assigned his feelings to the sight of it. The wearer of it never impressed him as being the cause of this effect. This seems to show the psychical nature of this perversion and its almost natural inception and development. To throw an unfortunate like this into prison is a betrayal of ignorance akin to the ignorance betrayed by the people of the seventeenth century in burning witches.

Other perversions are those of Masochism, where the subject can have sexual gratification only when accompanied by the infliction of cruelty, such as whipping or being whipped. The execution of a cruel act either by themselves or upon themselves is essential to the arousing of their sex impulse. A recent case of such a sexual pervert is that of the man Hickey, who has recently been arrested in connection with the slaying of the Josephs boy. Here was a sexual pervert who could satisfy himself only when he was inflicting cruelty on some human being.

Now we come to the second part of our subject—that of “Sex Inversion.” It is a condition where members of either sex are sexually attracted to members of the same sex and cohabit with them. Men crave for men, and women for women. It is known as homosexuality. The greatest men, such as Julius Caesar, Napoleon, Goethe, Walt Whitman, Coleridge and many others have been accused of having been homosexual’s. Among recent examples we have the case of Rear-Admiral Barry, U. S. N., who at the age of sixty-five, two years ago was relieved of service when detected in the act of cohabiting with sailors. The case of Oscar Wilde is still too fresh in our minds to receive any further emphasis.

This practice is still considered a penal crime according to our judicial lights and is punishable by State’s prison. I maintain that this is wrong, as some of these sexual inverters are so only through some peculiarity of physical development that gives them the sexual instinct of the opposite sex while their own is either dormant or entirely absent. In other words, their sexual predilection for members of their own sex is to them just as normal as the mating of opposites among normal people. In fact, the normal sex instinct is abnormal from their point of view. I had occasion to talk to a gentleman of homo sexual tendencies the other day who at the age of fifty-two has never had any sexual relations with any woman, but has cohabited with men all his life. He seemed to think nothing at all of his practices, feeling himself just as normal about it as any human being. He told me that since boyhood he was more like a girl than a boy playing with dolls to a rather advanced age, and caring little for the company of boys. At the age of puberty he became sexually conscious in a normal manner, but he never had any attraction for any woman. His love for men has been and is very marked. The gentleman in question is polished and refined in every respect, a student of all questions, a lover of mankind, and has been the candidate for mayor in the city where he lives. Is there anybody that can accuse a man of standing in the community where he lives of loathsome practices. I challenge anybody to discover any criminal motives in his sexual propensities. If a crime has been committed let God or Nature, whoever has planted the instinct in him, answer the charge. Yet if discovered in his practices, good and honored citizen that he is, he would stand within the shadow of State’s prison. We had a few instances like this published by the “Call” some time ago regarding the practices of certain men out in Portland, Oregon.

I will cite another case illustrating my claim regarding the non-criminality of these acts, and to focus the attention of the public on their pathological nature. A young girl was sent some time ago to the Cath-

olie Reformatory for being too boyish in her ways and pursuits. She would be out in the street till all hours of the night, associate only with boys, and display other traits characteristic of a boy. She was therefore considered to be inherently bad and sent away to the Protectors. At that time she was only ten years old. She was discharged about one year ago and soon after the discharge was sent to me by her mother for a "lump" in her right groin. I diagnosed the case as simply one of rupture and sent her to the hospital for an operation. And when they opened up the swelling they found nothing less than a male testicle. Then they looked into the case a little more fully, and found that the girl had no uterus (womb); there was absolutely no trace of any ovaries; there was no development of the breasts, although she was at this time already fifteen years old, and she said she had never menstruated. The only sign then of being a female was in the presence of the vagina. The intrinsic organs of the female, uterus or ovaries, were lacking, while she possessed the intrinsic organ of the male (testicles). And if we accept the belief that the sexual sense resides in the testicles in the male and in the ovaries in the female we have a practically normal case of a male with a normal **male sexual instinct** for a female. The external genitals, however, of little importance as regards the establishment of the sex instinct, are those of a female, consequently she or he, rather, was brought up as a female. The sex desire, however, will be for a female. Here we have a so-called case of homo sexuality though really absolutely normal. Under the law she is liable to a term in State's prison. Yet it was only by accident that her true male nature was discovered. Is it not possible that within the pelvis of every sex invert there lies somewhere some testicle or ovary giving it the sex appetite of that of the opposite sex. An aberration of nature only as far as the misplacement of an organ is concerned, but not as the desire manifested by the existence of that organ? Are we still going to punish the already unfortunate victim of Nature's sport?

Are we to add the horrors of the State prison to the mental grief and anguish necessary to secure their partners? If so, why don't we send cancerous and tubercular patients to penitentiaries because of the constant danger that they are to the public health? Why does not the penal code deal with epileptics, with cases of spina bifida, and other cases of mental and physical malformation. I maintain that it is due to our ignorance of these cases that keeps us from dealing with them in the proper manner. In fact, there being no medical or surgical remedy for them we should not deal with them at all, but segregate them and let them work out their own salvation. By segregating, I mean segregate the practice of the evil, if such it be, rather than the persons. And soon the time will come when all criminality will be dealt with from the point of view of physical or mental degeneracy.



WHAT SHALL I DO?

By Dr. Morris Schnee.

The subject matter of this article may not fit in properly in a dental journal but I trust it will not wholly be out of place and so I will present to you a few thoughts on a subject which should be of vital interest, not only to dentists as dentists but to every man and woman upon whose shoulders rests the burden of caring for others.

Are not you dental practitioners often confronted with the question asked by your patients, acquaintances and friends: "What shall he do?" "What shall I do?" "What profession should I take up?" "What trade shall I learn?"

What reply do you make to the above queries? Can you truthfully answer "Let him examine himself as to his abilities, his preparation, his natural bent and inclinations and then let him select the profession or trade he is best fitted for."

The problem of making a living for the young man just out of college or high school is deplorable. We are living under a system that has no use for thousands upon thousands of useful and able workers whose labor could under sane management be used to the advantage of all the people but who to-day are superfluous.

These are indeed days when men do their hardest to obtain a job. Each one scrambles and struggles in the effort to make a living.

Already every field of endeavor is overcrowded.—Each year brings forth new crops of physicians, dentists and lawyers. Each pursuing the elusive phantom of self-support and independence.

In our own profession, dentistry for instance, look around you and see how every day new dental offices are springing up about you with their big glittering letters on their signs beckoning at you "Come and try me;" "Consultation and examination free;" "Caps \$3 a piece," etc., etc.

And what about the physician? Under present conditions he is forced as soon he graduates to get into societies and lodges. There he begins competing with his brother physician for the good graces of the individual member and the organization as a whole. Before his election as a physician to an organization he flatters every one and when he is elected after dickering with them about the price per head for three months and which he usually settles for 25c. per member he retires with his brothers to a nearby saloon and treats them to beer. The physician accepts as many organizations as will elect him. He runs around day and night writing prescriptions (the two or three he had studied up while in college), never has a minute's time to read up anything in medicine, and finally loses the inclination to study anyway. And all for a bad living.

The conditions above described exist more or less in every profession and trade. And pray what reply do you make to those who ask you, "What shall I do?"

There is only one answer: "Remove the cause." And the cause is the capitalist system which subsists by fraud and exploitation and which will continue to drive and keep the great mass of people in poverty until that system is abolished.

Let me wind up my article with the beautiful words expressed by James Russel Lowell:

The time is ripe, and rotten ripe, for change;
Then let it come; I have no dread of what
Is called for by the instinct of mankind;
Nor think I that God's world will fall apart
Because we tear a parchment more or less,
Truth is eternal, but her effluence
With endless change is fitted to the hour;
Her mirror is turned forward to reflect
The promise of the future, not the past.
He who would win the name of truly great
Must understand his own age and the next,
And make the present ready to fulfill
Its prophecy, and with the future merge
Gently and peacefully, as wave with wave."



Thirteen persons in this State were made blind for life and four were killed during the past year either by drinking wood alcohol or inhaling its poisonous fumes, while throughout the country hundreds of persons have been innocently victimized by the same poison, according to the fourth annual report of the New York Committee on Prevention of Blindness, made public.

The report further states that, although wood alcohol in as small a quantity as a teaspoonful has caused permanent blindness, and in large quantities often causes death, this poison is easily obtainable from various retail stores, drug stores and grocery stores, often without a label or warning to indicate its poisonous nature.

Rectified wood alcohol may be easily mistaken for "good" or grain alcohol, and because of its resemblance, is frequently used by ignorant and unscrupulous persons to adulterate cheap liquors. In the trades it is sometimes used in the preparation of bay rum, paregoric, flavoring extracts, Jamaica ginger and in some patent medicines.

The general ignorance which prevails in regard to the poisonous nature of wood alcohol is evidenced by the lack of legal restrictions of its use. In no State in this country is there a law requiring adequate ventilation in industries where wood alcohol is used, while in very few States is wood alcohol classified as a poison and so labeled.

The unnecessary deaths caused by wood alcohol poisoning and the pathetic cases of needless blindness from the cause can only be prevented by such legislation, and by the education of the lay public concerning the death and disease following the misuse of any form of wood alcohol

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EDITORIAL DEPARTMENT

THE CHIMERA OF SUCCESS.

"Doctor So-and-So has an immense practice!"

"Doctor This and That is coining money!"

How often do we hear those expressions. And how fondly do we look forward to the day when we shall have such a practice and have others make such remarks about us!

And in the meantime we struggle and work and sweat, meet our expenses sometimes, try to pay off our debts, and keep our eyes on that elusive rainbow—Success.

One dental magazine has reduced success to a mathematical formula. In veiled words it says: "Read our magazine, follow our advice, keep your finger nails clean, buy the products we advertise and lo! patients will flock down upon you as manna did upon the starving wanderers of history."

Really, success isn't so elusive after all.

There is another easy road to success. But this is so simple we just hate to tell it to you. You'll all be so successful shortly that we'll lose our job; but here goes. Have you ever noticed the pictorial advertisements of some of our dental manufacturers? Two dental offices side by side. Two dentists—one in each office. One dentist smiles cheerily; he is the picture of contentment and prosperity. The other's face is pinched and lined with worry. Guess which one of the two uses that manufacturer's product? That's all there is to success! It's a lead-pipe cinch.

Or perhaps you may remember your graduation sermon, delivered by a smug, self-satisfied, self-made, pompous gas-bag inflated with oratorical N_2O . Don't you? His speech might have saved you many weary years of struggle had you only remembered it when you left the hall.

But such is the cussedness of human nature. Instead of drinking in those divine words we work up an insatiable thirst, and when the exercises are all over go out and get hilariously drunk, forgetting the good counsel and sage advice that rumbled past our heedless ears.

Need we adduce further proof of the easy attainability of success? Can't you see that they are all lies—damned, low-down, despicable lies? And the men who utter them are either egoists, dupes or scoundrels.

But whereas we pay little or no attention to the puerile baccalaureate sermon, we listen or read with mouths agape the prattle of men who, for very good reasons of their own, preach and moralize about success as metaphysicians formerly did about the soul and the philosopher's stone.

Granting that a few of us here and there do succeed—we question that sort of success—what chance has the majority of succeeding? No chance in the world.

Right here will we pause and see just what is meant by success. Unquestionably the average dentist's idea of success is to have a large practice and save up a lot of money in a space of time anywhere from ten to twenty years. There may be differences of opinion about the amount of money to be saved, but twenty years is the length of time necessary to do it in. No question about that. If a dentist hasn't his "pile" by that time he stands no chance of ever getting it.

We all know the reason for that; no need of going into the tragic details.

Now, then, what chance has the average dentist who is head over heels in debt when he gets out, and opens an office on credit besides (debt again) to accumulate money? Let's see.

The first five years are devoted to paying off his debt and acquiring a practice. He may marry during that time. Very often he does. At the end of five years he has—a wife and several children and ever-growing domestic account—an increased rental, a very small bump of conceit, a great deal of worry to make both ends meet, and perhaps a very small bank account; which, sometimes, represents the remains of his wife's dowry. True, his practice has increased somewhat, but not at the same rate that his expenses have.

And there you are. And when you stop to cogitate this question in your mind remember that the dentist raked in most of those shekels during those five years working evenings—between the hours of five and nine.

From here on most of you can do the calculating yourselves.

Oh, yes! Success can be reduced to a mathematical formula. And so it can. But when so reduced the answer is nil. "There ain't no such thing."



STUDENTS' DEPARTMENT

C. D. O. S. N. Y.

COLLEGE NOTES.

October seventh will be a memorable day in the history of our new college. A more pleasant sensation has never been experienced in all its days.

At 1 p. m. about 350 students assembled in the amphitheatre, called Cooper's Auditorium, to be welcomed by the Dean and faculty.

Dr. Carr, in his introductory remarks, welcomed us to our new building and announced several notices as to rules and regulations of the College and State Board.

The doors of the new building were flung open to the largest Freshman class the College has ever had. According to the records there are 170 matriculates, and among the 170 students there are 28 women. Many more students are expected, for matriculation has not closed.

NOTICE TO GRADUATES.

Graduates are cordially invited to attend Dr. Carr's oral surgery clinical lectures and demonstrations; they are also requested to bring patients for treatment and consultation. Dr. Carr hopes that graduates will avail themselves of the splendid opportunity offered.

NOTICE TO STUDENTS

Students are hereby notified that they can earn **REAL** money by doing renumerative work for the **Progressive Dentist Salary or Commission OR BOTH.** Address Dr. J. Gerber, 347 E. 10th St., N. Y. City.

STUDENTS DEPARTMENT.

N. Y. C. D. NOTES.

The following were elected as officers of the class of 1914.

Benjamin Kleinberg, President
Emanuel Weitman, Vice-President
Thomas E. J. Shanahan, Secretary
Charles H. Steinhäuser, Treasurer
Harry Mendelsohn, Sargent at Arms
Irving Vogel, Class Crier

"REAL HEROES."
The "White Plague" Sufferers.

Anon.

I.

When all is said,
And all is done;
When we have battled,
And almost won;
When we are called an "arrested case;"
Having paid—paid—paid—
To feed a doctor's face,
Then we are sent home to begin again.
Only to hear our old "Doc" say:
"Go back again."
"What's the use."

II.

"What's the use?"
I'll tell you "What's the use."
Take me—I'm good and strong,
I never wake up without singing a song.
I love my life, my child, my wife;
And still there is never a minute
That the Good Lord can't take me—
Whether I'm sick or strong—
The chances are equal,
So this is the sequel
"What in hell is the use."

Saranac Lake, N. Y., September 15, 1913.

DENTISTRY 1,000 YEARS AGO.

During a lengthy relic-hunting visit to Ecuador, Professor Marshall Howard Saville, head of the archaeology department of Columbia University, made several noteworthy discoveries which will do much to enlighten the present generation about the early residents of that country. The relics indicate these early people to have been civilized and possessing scientific knowledge.

The most interesting discoveries were skulls which showed that the men are of a type superior to the Aztecs, for beyond the shape of the skull, teeth were filled with gold and cement, proof unmistakable that dentistry was at a high stage of development one thousand years ago.

In Mexico human teeth have been dug up that were filled and ornamented with stone, but this is the first instance of gold filling having been found in a prehistoric skull.

The gold was inside the teeth, showing little on the outside, so the purpose was apparently for utility rather than for ornamentation. In all cases, whether the fillings were gold or cement, the borings indicated the use of a tool. Several teeth that had evidently become loose were held together by gold bands.

"CARE OF THE ORAL CAVITY IN INFANCY."

By Dr. Jesse Feinberg.

It often occurs, in the clientele of the writer, that an anxious mother requests advice, as regards the attention she should give the mouth of her baby.

It is this foregoing thought that forms the subject matter of our discussion. We will only endeavor to cover briefly a few essentials.

Absolute cleanliness is always cardinal; and under this consideration the nipples whether of the breast or bottle must be kept in a sanitary state. It is good practice to swab the mouth of the little one twice daily with a mild solution of **Acidum Boricum**. This is also indicated, when the tongue is furred, and during morbid dentition.

An affection of the mucous membrane, which is the result of uncleanliness of utensils, nipples and the child's toys, known as "**Thrush**" is often met with. This stomatitis parasitica is due to the fungus, "**Oidium Albicans**." This morbid condition is characterized by the presence of diffuse white patches, which appear on the tongue and mucous membrane of the cheeks and throat. These patches are often the seat of bleeding. The child is fretful and refuses food, as a result of the excruciating pain experienced in the affected areas. In combating this condition, removal of the cause is the chief point, therefore, the word **cleanliness** is again brought before us.

The application of a two (2) per cent solution of **Argenti Nitras** to the affected areas is efficacious.

Swabbing of the parts with the following formula affords great relief:

R.

Acidum Boricum,	zI
Glycerinum,	zIV
Hydrogenii Dioxidum,	zIIV
Aqua Rosae,	zII

The next feature of importance is "**Dentition**."

We realize the fact that dentition is a normal process of development. No fixed time can be set for the eruption of the deciduous teeth. These words should be fixed in the minds of our young mothers, as this is often the cause of great anxiety.

The process may be delayed, by improper feeding, debility and rachitis.

The most common symptoms, or ordinary dentition are:—

Irritability of temper;

Loss of appetite; and a **Condition** in which the child cannot digest the average amount of food, it is wont to be fed.

Indications of treatment, is absolute cleanliness of the buccal cavity; rest to the child; and forcible feeding. Undoubtedly most of us are acquainted with an approximation to the periods the deciduous teeth are most frequently erupted. All who have children should be instructed as to the value of the preservation of the deciduous arches of teeth until the initiative in eruption of the succedaneous has taken place, the temporary set having a great bearing upon the normal development of the arches of the permanent teeth.

DENTAL HINTS.

Iodine in Deciduous Teeth. Iodine is especially favorably indicated in carious teeth of children who are unwilling or unable to have fillings inserted. In cavities in deciduous teeth the writer recommends the introduction of a pellet of cotton saturated with ordinary tincture of iodine, this application being very simple and abating the pain in pulpitis. After a few daily applications the tooth is sterilized and gingival fistulae disappear.—Dr. Siffre, Paris, *L'Odontologie*, per *Cosmos*.

To Clean Carborundum Stones.—If the carborundum stones do not cut well after they are used a while, hold them over a gas burner for a few minutes. Then drop them in water; the clot holes of the stone will open and it will cut better.—M. Diratsouyan, *Dental Review*.

As to Cement Sabs. I prefer the heavy glass slab to a thin piece. If the thin glass plate is not held directly in the fingers there could not be much change of temperature imparted by the hand. In any case, when the glass slab becomes scratched throw it away. If you are using window glass you can throw it away with a better heart than if you paid \$1.50 for it. This question of temperature of the slab impresses me as being of greater importance the more I see of the difficulties experienced by dentists in cement mixing.—W.V. B. Ames in *Review*.

To Sharpen Burs.—Sharpen your burs with a thin carborundum disc turned by the dental engine and held in the grooves between the blades at the right angle to produce an edge. A little practice will produce the desired result.—J. G. Harper, *Western Dental Journal*.

Cleaning Impression Tray.—So much has been written and said regarding this subject that it seems nothing is left. Yet the easiest, simplest and most efficient way has been omitted. The so-called "Old Dutch Cleanser" does the work. Shake a little of the powder on the plaster bench and by means of a damp cloth held tightly over the finger apply the same to each tray immediately after removing plaster. Then sterilize, and you need not thereafter feel ashamed to have the patient see what is being inserted in his mouth.—B. L. Bates, *Dental Digest*.

To Avoid Air Spaces in Pouring Impressions.—To prevent air spaces in pouring impressions use a medium sized rather coarse paint brush and slant the plaster on impression as in inlay work. Immerse brush immediately in water, and a few shakes will leave the brush ready for next use.—W. J. Prime, *Dental Digest*.

As to Burns.—Cover a burn or scald with syrup or molasses, using it freely while healing takes place, ill prevent blisters from forming and a great deal of suffering.—J. H. Blachly, *Dental Digest*.

Be Patient with Children.—The child's horror of a dentist's office will disappear if the dentist be kind, sympathetic and truthful with the child. Never tell a child you are going to put some medicine in his aching tooth and extract it, or tell him that this operation will not hurt

him, and then give him excruciating pain. Be patient with the child; never tie or hold him down to perform certain dental operations; reason with him, as you would with a full-grown person, and you will succeed to persuade eighty per cent. of the children because children are men—they have self-respect, feelings of pain and pleasure; besides the sensation of pain in a child's aching tooth is twice stronger, the pulps of his tooth being larger.—M. Diratsouyan, Turkey in Asia, per Dental Review.

Natural-Looking Bridgework.—In cases where there has been much recession of the alveolar process due to loss of teeth, the most artistic results can be obtained by shaping the porcelain substitutes in such a manner that the crowns are the same length as the crowns of the natural teeth on each side of the space and cutting the balance of the porcelain to simulate the roots as they would appear in cases of recession of the gums.—O. De F. Davis, D.D.S., Minneapolis, Minn., The Dental Review.

(This is a good suggestion, applying both to bridge dummies and partial plate cases. The natural appearance of such teeth is greatly helped also by dubbing them off very abruptly to meet the gum where they lap it. It is remarkable how much a long dummy may be shortened in this way without the decided curving in at the top of the tooth being apparent to one at speaking distance from the patient.—V. C. Smedley, D.D.S.)

To Prevent Plaster from Sticking to Vulcanize Dentures.—Before packing the case, soap the cast with soap and water, soft soap preferred. Upon taking the case from the flask after vulcanization, the plaster can be removed with very little brushing.—O. V. Kingery, D.D.S., Greenwood, Ind.

—DENTAL DIGEST.

SOCIETY OF GOOD CHEER.

A distribution of one million tooth brushes and tooth talks to two million youngsters is the fiscal year's work of Miss Theora Carter, founder and president of the International Society of Good Cheer. Last year from early June until late September Miss Carter paid daily visits to the recreation piers in New York City, and gave tooth saving talks—tooth cleaning lectures, or tooth brushes to young people. In all, she gave out upwards of 300,000 brushes to more than 20 different European-Americans. Many of these young people had never known a tooth brush. Nearly all the cripple and tubercular children's institutes in New York, Brooklyn, and The Bronx came under the especial observation of Miss Carter, whose efforts for the benefit of humanity have been steadily growing since the organization of the Society of Good Cheer five years ago. The society is now represented in Europe, Asia and North America. Its work is not confined to any particular charity—it receives no money, and gives no money. Every branch has the full authority to do good—to aid humanity—its members do the giving and the work. It goes begging at no time. There are fifty branches in the United States, ten in Canada and four in London. The sum total is the effort of a young girl from out of the West whose fortune and time have been spent along lines of good doing and cheerfulness. She has received money aid from no one and asks for none. Anyone can be a non-resident member of the Society of Good Cheer—all you need do is to send flowers within your means for convalescents to any hospital, regardless of creed.

The Fuel of the Cities.

(An Appeal to the Collegian)

By Ernest Poole

(Author of "A Man's Friends," etc.)

This is to you who are soon to come from the college into the cities. I came to New York ten years ago, and for me it has been a great ten years to live in. But for you and me together I see a still greater decade opening before us. And beyond the years seem stretching out in a vista of immense and stirring changes—in a world slowly drawing closer together and binding together the minds of men—with the endless possibilities that lie in this binding.

You are the fuel of the cities. In the next ten years you will come by millions from colleges all over the land. And by tens of millions others who are young like you but have no colleges behind them will come from the villages and farms not only of this country but of all parts of the western world—from Russia, Norway, Sweden, from Poland, Hungary, Austria, Bohemia, Germany, Ireland, Italy, Greece and many other nations. All will come pouring into the cities with you—its fuel. And out of the fires new cities will rise. Your lives will make those cities.

In the city as it is to-day what kinds of lives are open to you people from the colleges? You need not starve nor live at the bottom, for your college training will give you advantages over the others. And while only one or two in each hundred of you will go to the top, the rest by sticking hard to your jobs and the daily grind may fill more or less comfortable places below, between the top and the bottom. So much for your bread and meat and the places that you sleep in.

But which way are your minds and your sympathies to turn? Will you be the little hangers on, faithfully supporting the top and receiving in return what favors it chooses to give you, or will you turn your minds to the mass, the millions at the bottom—become part of this mass in its upward heaving, with its deep and still subconscious but awakening purpose to throw off its chains, to build a city where none may starve and where all may do more than work, eat and sleep? If you take this latter course I will tell you what you will find yourselves doing in the fifty years ahead.

You will find yourselves sweeping dirt and disease and foul air and darkness out of the town that fresh air and the sunlight and health may come in. To do this you will go into the slums—you doctors, writers and speakers and other workers of many kinds—and tell what you find and what must be done. You will no more be stopped in the telling than the abolitionists were stopped in the century before you. You will keep steadily on, as many have done and are doing still, until you have moved the mass to act. And then with the mass behind you, you will take the city in hand—you engineers and builders—and plough through its slums and congested centers with broad streets and boulevards, parks large and small, and adequate subways owned and run by all the people—for the people. And having so made the best of the city as it is, you will plan out the city that is to be, in the

up-springing resident sections outside. You will give to this larger city not only air and light but spacious dignity and grace—a fit abode for the kind of people your children's children are going to be.

There will be forthem no factory fires, no clouds of smoke and dust, no sickening odors, no deafening noise. For you chemists, inventors an dengineers will have rid us of these things by then. There will be great civic power plants from which will go forth light, heat and power to all factories, offices, shops and homes. And with all the long weary toil of the doctors—such doctors as some of you will be—and all the saner habits of livin gthat will prevail—diseases and deformities will most of them cease to torture mankind. His city and his body will be a god place for man's mind to inhabit.

All this you will find yourselves doing. But you will also find that you can do nothing without the mass. For the powerful few at the top fear change. You will find some of them blocking your every move—for some of them have profit in every evil that you would destroy. More and more you wil be forced to turn to the people below, the millions driven and sweated and straved, who have nothing to lose and a world to gain, the millions who only need to be shown the ways out—shown and shown year after year until they are sure—and then they will take the great roads to the future in ever increasing armies.

And they can do it. They have the power. For within the next ten years not only these millions of men but all these milloins of women will vote. And more and more as the years go on these driven ones will vote together. You speakers, you organizers of strikes, parades and demonstrations, you night workers in election time, you lawyers wh odraft the new laws to formulate the people's will, you fighters and you dreamers and other workers of many kinds—will find yourselves working with the people your friends, your comrades in the fights—the fights for shorter and shorter hours, higher and higher pay, better and better conditions of labor and life—the fight of the people to take full control of all that they themselves have built—until in the city that is to be all places of dwelling and work and play will be owned by the dwellers and workers and players, owned by the city which will be theirs. And then ustice will be theirs at last.

And meanwhile, all through these years of strife—of victories, disappointments, mistakes, defeats and slow recoveries—you educators of many kinds will be busy with the children, training their bodies and minds fo rthese fights and for the city that is to be theirs—moulding or helping to mould itself a new race of people upon the earth—people with vigorous minds for work, wide sympathies that embrace all the nations; deep, true perceptions of beauty and truth wherever it is, a vision that will reach over the world and up into the spaces where move the stars. People who will see so much deeper than ourselves into this mystery of our lives upon this little ball of space, that it will be hard for them to gain even a hint of how we thought and felt and struggled upward blindly to the light. But this will be for your children's children and all that come when they too are gone.

For you and me is the present life, the city as it is to-day, the present grab for the dollar. For you and me the rough labor of plough-

ing, of clearing away, of breaking chains, of freeing ourselves from the bonds that enslave us so that our children's freer minds can go on with the mighty work of building.

Let us begin while we are young.

DENTISTRY IN THE BIBLE.

By Samuel Grief, '14.

The "tooth" is mentioned in numerous passages in the Bible. A complete registry is here presented:

His eyes shall be red from wine, and his teeth white from milk. Gen. xlix. 12.

Eye for eye, tooth for tooth (שן תחת שן), hand for hand, foot for foot. Ex. xxi. 24.

And if he strike out his man-servant's tooth, or his maid-servant's tooth, he shall let him go free for the sake of his tooth. Ex. xxi. 27.

Breach for breach, eye for eye, tooth for tooth; in the manner as hath caused a bodily defect in a man, so shall it be done to him. Lev. xxiv. 20.

The flesh was yet between their teeth, it was not yet chewed. Num. xi. 33.

And the eye shall have no pity; but life (shall go) for life, eye for eye, tooth for tooth, (שן בשן), hand for hand, foot for foot. Deut. xix. 21.

Also the tooth of beasts will I let loose against them. Deut. xxxii. 24.

With a fork with three teeth in his hand. I Sam. ii. 13.

Behold, I have rendered thee a threshing instrument, sharp, new, having many teeth (בעל פיסיות). Isa. xli. 15.

In those days shall they not say any more, the fathers have eaten sour grapes, and the children's teeth are set on edge; but every one shall die for his iniquity; every man that eateth the sour grapes—his teeth shall be set on edge.—Jer. xxxi, 28-9.

And the word of the Lord came unto me, saying, What mean ye, that we use this proverb in the country of Israel, saying, The fathers have eaten sour grapes and the teeth of the children are set on edge? As I live, saith the Lord Eternal, ye shall not have any more to use this proverb in Israel. Behold, all the souls are mine; as the soul of the father, so also the soul of the son—mine are they; the soul which sinneth that alone shall die. Eze. xviii. 1-4.

Its teeth are the teeth of a lion, and it hath the cutting-teeth (מתלשעת) of the lioness. Joel i. 6.

But I also had indeed given you cleanness of teeth in all your cities, and want of bread in all your places; and yet ye have not returned unto me, saith the Lord. Am. iv. 6.

(Ye) that lie upon beds of ivory (מטות שן), Am. vi. 4.

Thus hath said the Lord concerning the prophets that mislead my people, who, when they have something to bite with their teeth, cry, Peace; but who prepare war against him who putteth nothing in their mouth. Mic. iii. 5.

And I will remove their bloody (sacrifices) out of their mouth, and their abominations from between their teeth. Zec. ix. 7.

Arise, O Lord, help me, O my God; for Thou smitest all my enemies upon the cheek bone; the teeth of the wicked dost Thou break. Ps. iii. 8.

With hypocritical babbling mockers, they gnashed upon me with their teeth. Ps. xxxv. 16.

The wicked pursueth evil against the ust, and gnasheth against him with his teeth. Ps. xxxvii. 12.

Sons of men whose teeth are spears and arrows, and whose tongue is a sharpened sword. Ps. lvii. 5.

O God, break out their teeth in their mouth: the jaw-teeth of the young lions tear Thou out, O Lord. Ps. lviii. 7.

The wicked shall see it, and be vexed; he will gnash with his teeth, and melt away. Ps. cxii. 10.

Blessed be the Lord, who hath not given us up as a prey to their teeth. Ps. cxxiv. 6.

As vinegar is to the teeth, and as smoke is to the eyes: so is the sluggard to those that send him. Pr. x. 26.

Like a broken tooth and a foot out of joint, so is confidence in treacehrous man in a time of distress. Pr. xxv. 19.

There is a generation, whose teeth are as swords, and whose cutting teeth (כחלעתי) are as knives, to devour the poor from off the earth, and the needy fro mamong men. Pr. xxx. 14.

And the teeth of the young lions are broken. Job iv. 10.

Whatever it may cost, I will put my flesh in my teeth, an dmy life will I put in my hand. Job. xiii. 14.

He gnasheth ove rme with his teeth. Job xvi. 8.

To my skin and to my flesh my bones do cleave, and I must sustain myself with the gums of my teeth (בעור שני). Job xix. 20.

And I broke the cutting teeth of the wrong-doer, and out of his teeth I cast down his prey. Job xxix. 17.

Who hath ever laid open the front of his garment? or who can penetrate into his double row of teeth (רסנו)? Job xli. 5.

Thy teeth are like a flock of well-selected sheep, which are come up from washing, all of which bear twins, and there is not one among them that is deprived of her young. (Cant. iv. 2.

His body is like an image made of ivory (שן) overlaid with sapphires. Cant. v. 14.

Thy teeth are like a flock of ewes which are come up from the washing, all of which bear twins (בתאיכות) and there is not one among tehm that is deprived of her young. Cant. vi. 6.

All thy enemies open wide their mouth against thee; they hiss and gnash their teeth. La. ii. 16.

He hath also broken my teeth with gravel-stones. La. iii. 16.

On the day when the watchmen of the house will tremble, and the men of might will bend themselves, and the grinders (הטחנות) stand idle, because they are become few—Ecc. xii.

And three ribs were in its mouth between its teeth. Dan. vii. 5.

And it hath great iron teeth. Dan. vii. 7.

Then I desired what is certain concerning the fourth beast, which was different from al these others, exceedingly dreadful, whose teeth were of iron and whose nails of copper. Dan. vii. 18.

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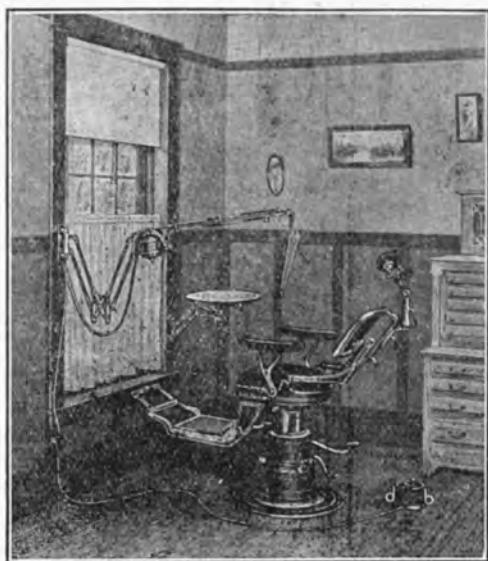
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The Progressive Dentist

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POST EXTRACTION PAINS

DR. MENDEL NEVIN.

In the October issue of the "Progressive Dentist" Dr. Levitt makes certain deductions from his observations in regard to the causes of pain following extraction of teeth. I am not in accord with some of those deductions. It appears that Dr. Levitt was hitting the nail everywhere but not on its head.

Now what causes post extraction pain? Sloughing. And what causes sloughing? Death of cells. By these first year reader method, we finally arrive to another question. What causes death of cells in extraction of teeth? And the answer follows:

1. Trauma.
2. Infection.
3. Cocain.
4. The absence of a normal salt solution in the aneathetic.

1. It is quite obvious that destruction of tissues with the forceps is not conducive to their long vitality and as a matter of fact tends toward the termination of their useful existence.

2. Laxity in antiseptic precautions during the operations is also one of the main causes of pain after the extraction for the same reason, namely, that infection causes death of cells, which means sloughing, falling off of the dead tissues at their line of demarcation, exposure of the alveolar process, necrosis and excruciating pain.

3. We now arrive to the most potent and frequent cause of post extraction pain, and that is cocain. Trauma and infection are the causes of after pain when a general or no aneathic is employed, but with the employment of a local aneathetic containing cocain, this powerful alkaloid, in most cases is the direct cause of the death of tissues. Such authorities as Dr. Edward C. Kirk condemn the use cocain as a local aneathetic. It exerts some detrimental effect upon the infected tissues the nature of which is not quite understood in Pharmacology. It seems to paralyze the sensory nerve filaments producing a deep and prolonged schemia. The tissues, deprived in this manner of their blood supply, die before the circulation is restored to its normal state. And yet Dr. Levitt claims that the loss of too much blood from the socket produces pain. On the contrary the profuse bleeding of the socket is beneficial in that it prevents death of tissues by alveolar aneamia.

4. The local aneathetic employed should be of the same density as the cell contents in order to maintain the equilibrium between the injected fluid and the cells. This is an important point to bear in mind. The living cell is encircled by a semi-permeable membrane, so that if the injected aneathetic is of a lower or higher density

than the fluids of the living cells, there will be, by the process of osmosis, an interchange of the constituents of the different fluids, and death of cells will follow. The presence, therefore, of a normal salt solution in the local anæsthetic is imperative. The injection of water into the tissues will not produce perfect anæsthesia as claimed by Dr. Levitt, for anæmia does not cause the loss of sensitiveness, but paralyzation of the sensory nerve filaments. True, that of the established codema may create slight superficial anæsthesia, but unless a physiological salt solution, at body temperature is used, the pain on injection will be so severe as to little repay for the slight advantages gained.

To sum up. Cocain should be discarded as a local anæsthetic. A very good substitute for it is Norcain. Time and space will prevent me from going into a detailed enumeration of the merits of the drug. Besides, I have dwelt upon it in a previous number. Suffice it to say that it is less toxic, has no effect upon circulation or respiration, causes very little or no sloughing and combines advantageously with adrenalin chloride. There is now on the market a preparation known as Novol, which to my mind answers all the requirements for an ideal local anæsthetic for it contains: (a) Norveain 1.2%, (b) Adrenalin-chloride 1:60.000 (c) Chlorentine 0.5% and (d) a normal physiological salt solution. Not only do I use it for the extraction of teeth, but also for the extirpation of pulps, injecting as much as two syringe-fulls into the surrounding gum tissue without any accompanying pericemental irritation, as generally is the case when cocain is used.



FIRST WOMAN WHO GOT UP HER NERVE TO GO TO A DENTIST.

Dental Forceps, Made 2000 B. C. for Beautiful Sen-Hopet and Found in Egyptian Ruins Are Being Displayed in the Field Museum.

What is thought to be the first forceps made by man for the extraction of human teeth have just been placed on exhibition in the Field museum.

They are said to have been made for Sen-Hopet, an Egyptian society matron of wealth and beauty, who lived 2000 B. C.

History more or less is silent on the tooth question. It makes no mention of the toothache. Until just lately we could only surmise that the first man and all his children had something to grind their food with. But now we know almost to a certainty that when man was created so were teeth.

We can go even further and aver with some degree of confidence that there dentists. The early Egyptians probably called them "dren-yelpt." At the riot of Babylon no one thought of "dentist" as a name for the man who pulled and doctored teeth. And so every nation had the dentist branded according to its own pet language.

Sen-Hopet was the name of an Egyptian woman of high degree. Perhaps she was a queen—most of them were—but it is the opinion of scholars that she was only a leader in her social set that called the king by his first name and entertained him of an evening.

The pincers now on exhibition at the Field museum are so well worn

that the inscription is only faint, but enough of it is left to satisfy the most exacting Egyptian scholar that they were the property of an Egyptian dentist or doctor or what-not, and that they pulled the tooth of Sen-Hopet.

Sen-Hopet First to See Dentist.

Their relation to Sen-Hopet is only a surmise, but it is accepted as possible that they actually did relieve her of an obnoxious grinder. This surmise is arrived at through the inscription on the pincers, the place of their discovery, and the history of Sen-Hopet. The facts put together piecemeal bring the students of ancient history to this conclusion. The minutest histories, in their original form, of any nation from its birth, make mention of only this case, and then it is passed over as a mere incident in Sen-Hopet's life. Thus are we assisted to the belief that Sen-Hopet was the first to submit to a dentist's operations. At least we have no reason to believe otherwise.

In form the forceps resemble the pincers which are used to pull nails or crack nuts. Those at present in use have deviated but little from those used 2000 years B. C. The only difference is that there are more hooks and knobs on them with which to frighten the patient. They are of brass, about eight inches in length, and heavy enough to do the work of most any heartless dentist.

They were discovered in some ruins along with two bathtubs, pans, and pots peculiar to those times. In the house, too, were thousands upon thousands of coins, and the skeleton of a man.

No Office with Magazines Then.

Was this the dentist? Were these coins the tribute paid him by Sen-Hopet and others who suffered at his hands? These are questions that will never be answered. We can only hope that as a just reward for misery introduced into the world this dentist, if indeed it was he, suffered sufficiently. The coins are in the Louvre, and the skeleton preserved as best it could for mummification purposes. His forceps are here, and Sen-Hopet has long since ceased to suffer with the aching tooth. The tablet that appeared on her grave is at the Field museum, however.

The tooth pulling operation of the early Egyptian days will always remain a mystery. It is only assumed that relief was accomplished under the rays of the boiling sun. The dentist had no office, no waiting room filled with magazines that have never yet made a prospective customer laugh or filled him with good humor. There was no chair, no ominous buzzing sounds. Just step up to the doctor's tent and hum a little song of mistry. Immediately he steps forth with the pincers which we now have with us, and with a sturdy jerk the molar is extracted.

There are other evidences at the Field museum to prove that Sen-Hopet was a power in society, if not a queen. Her toilet set, consisting of one hand mirror, and lately recovered, reposes in the glass case. Her name appears on the mirror, making identification certain.

Hand Mirror Also Found.

Now only Egypt's first ladies ever indulged in the luxury of a hand mirror. True, they were not made of the heavy plate glass that is used in those in present use.

Before this mirror oxidized it was in a highly polished state, and brass, when polished, can reflect a face to all intents and purposes as well as glass. The body is round, or as round as it could be made with an Egyptian hammer, and the handle has the same graceful curves of those of today.—American Dental Journal.

THE ANCIENTS AND THEIR APPRECIATION OF THE DENTAL ORGANS.

Written Especially for Progressive Dentist.

By Dr. MAX GROMET, '08

One of the causes of the diseases of man is civilization. The more we progress, the greater our technical art is developed, the more dangerous become the surroundings to our life. The more accommodations we have the more abnormal and delicate do we become. (Dr. Hillyer, examining the teeth of fifteen students at the Prosthetic Clinic, found that more than half of them belonged to some of the Angle classification of irregularities).

The weaker our system, the more susceptible are we to the different pathological conditions.

At the same time it may be stated that our medical knowledge would never have reached such a degree of development, we would never have been so skilled in surgery, nor would our success in the treatment of certain diseases be so great were there no "Civilization." In other words, civilization, in the sense that we accept the term, is progress and retrogression combined.

As civilization brings us in contact with an ever multiplying number of dangers—the more we progress the more we suffer, at the same time, naturally, getting more experience.

Thus, it is evident that those who lived hundreds and thousands of years before us, whose civilization was of a considerably lower standard, suffered proportionately much less, and then many diseases now so common were then practically unknown. Hence, we cannot expect to find in the relics of ancient literature many distinct traces of physiological, pathological or therapeutic science.

What, then, was the knowledge of the ancients of the human body? What place did they assign to a tooth as one of the organs of the human body?

If we realize that the mode of expression of the people whose civilization is still in its early dawn, is of a musical and lyric character—that the beginning of speech is a song, the primitive type of poetry—lyric—then, perhaps, we could account for the reason that the organs

of the body were considered from the esthetic point of view; the consciousness of the functions of certain organs, their normal appearance, harmony and beauty, the delight to the eye.

Thus would they admire a swift leg, a blue eye, a white tooth, a curly hair, and, in general, a subject richly gifted by nature.

They also knew of the importance of certain organs considered the affliction of any of them as a calamity. This we observe in their literature to a greater or lesser degree.

The ancient Egyptians undoubtedly knew many things about the teeth, although their literature reveals but little upon this subject—the fact being that their papyri are so difficult of access. All that is mentioned is that the teeth of a swine were ground to a powder, mixed with certain ingredients and used as a medicine.

The Hebrews, however, freed slaves of the Egyptians, understood much more of the importance of the dental organs. Moses, the first and greatest law-giver of the world, hammering out his commandments with chisels on tablets of granite, inscribed the following injunction,—

— (עין תחת עין, שן תחת שן, יד תחת יד, — שמות) Eye foreye, tooth for tooth, hand for hand. (Exodus xxi, 24).

Thus the tooth was placed on the same level as the hand and eye—the most delicate organs of the body. That is to say, the loss of an eye is a great misfortune and must be avenged; so with a tooth. (שן תחת שן) “Tooth for tooth. As he had caused a blemish in a man, so shall it be rendered unto him” (Exodus xxi, 27).

“And if he smite but his male servant's, or female servant's tooth, he shall let him go free for his tooth's sake.” (ואם שן עבדו או שן אמתו יפיל לחפשי ישלחנו תחת שנו, — שמות)

Have you ever paused to think that a slave, a person having no right to will, a man whose wife and children forever belonged to his master, could go free for the loss of one tooth!

Mind you, he gained freedom of thought, independence of will and all those things belonging to the free, in lieu of the loss of one tooth. Thus it is easily seen that Moses regarded the tooth as an important adjunct to health.

This appreciation descended to the later generations of Hebrews, and very interesting is King David's conception of the teeth. When he as a young shepherd wandered the deserts with his herds, he had an opportunity to study and learn nature and its different phenomena. He learned to distinguish the roar of the lion (שאגת ארע) the ferocity of the cuspids of the young lion (מתלעות כפירים) their defending and offending function. He knew there was danger in the teeth of a serpent (כמי נחש שנימי). He laid stress upon the fact that the teeth in conjunction with the tongue are the main factors in speech. Observe the metaphor: “They teethed (sharpened) their tongues to make intrigues” (שננו לשונם)

He also mentions the cutting functions of the incisors: “Their teeth are spears and knives.” (ומאכלות מתלעותיו—תלע)

We can see of what value the teeth were to him when he speaks of the mischievous man. He does not find any greater punishment for them

than to break their teeth. "You shall break the teeth of the evil-minded." (Psalm iv). — (שני רשעים שברת)

And when this unsurpassed lyrical poet, lamenting the wickedness of his fellow-beings, kneels down before his luring lyre, he sends out the deepest tones of despair, changing his song to a terrible melody, and with a shriek he cries unto heaven: "Oh! Lord, crush their teeth." (Psalm lviii, 6). (אלהים הרת שנימו)

What rage of the prosecutor! How severe the punishment!

But the tooth held a still higher rank in the judgment of Solomon, who put his heart and soul into the search for wisdom.

He considered every material profit as vanity, and valued the tooth from its esthetic point of view. Here we enter a field where mental satisfaction and beauty played the all important role.

According to Solomon; the beauty of a man or woman depends upon the completeness of the dental arches. We read in the Song of Solomon (Cantum cantorum) that "the love-sick youth is leaping upon the mountains and skipping upon the hills, seeking his sweetheart, while she sought him on the streets." And when at night the watchmen met her she asked of them: "Saw ye him whom my heart loveth?" Later the two find each other and the youth is impatient to praise her virtue. "Behold thou art fair, my love! thine eyes are as doves behind they veil. Thy hair is as a flock of goats that lie along the side of Mount Gilead. Thy teeth are like a flock of ewes that are newly shorn, which have come up from the washing, whereof every one hath twins and none is bereaved among them." (שניך בעדר הרחלים שעלו מן הרחצה שכלם מתאימות ושכלה אין בהם)

(Notice the dental formula and you will see that the teeth are all in pairs—twins as it were): $I_{\frac{2-2}{2-2}}, C_{\frac{1-1}{1-1}}, B_{\frac{2-2}{2-2}}, M_{\frac{3-3}{3-3}}$.

And while King Solomon, disguised as a beggar, tramped about his kingdom, Homer contemporaneously wandered among the Greeks with his tuneful harp and sang his national epos.

He sang about the mountain wolf, who, after devouring a sheep, drank from a well and washed his sharp teeth of the blood and particles of flesh. He sang about the two ferocious ajaxes, that "resembles two lions, bearing a goat through the woods, having snatched it from the sharp-toothed dog and holding it high above the earth in their jaws." (Iliad xiii, 198).

When the Spartans were forced to defend Greece from the barbaric Persians, the former resisted the Asiatic force by the functions of their biting organs. And having lost all their ammunition at Thermopylae, they threw themselves upon their enemies with their canines until all of them sacrificed their lives for their country. This was also practiced by the Romans under the command of Caesar.

Time elapsed, and Science, growing out from its lyric kernal, found its exponents in Socrates and Aristotle.

Aristotle in his study on zoology named the front teeth (sharp), the back teeth (flat), with the canines between. He also names, according to their character, the teeth of different animals and fishes.

Lucretius (98-55 B. C.), the poet and most important exponent of epicurean philosophy, in "De Natura," makes a study of anatomy of the human body, naming the blood vessels, nerves and viscera.

Regarding the teeth, he proves to be a perfect Odontologist. He mentions that the temporary teeth fall out at certain periods and explains that the offending and defending functions of the dental organs are specialized to wild animals. (*Opridentibus pugnans*)—although in his early history man too, fought with his nails and teeth (*Arma antiqua hominum, Manus, ungues, densetque fuerunt*), *Lucr.* 1282.

He further considers the tooth as a vital organ depending upon the humors of the body. At last the tooth in his writing appears as a very sensitive organ; sensitive to temperature and pressure. Discussion the mortality of the soul, he wonders "how it could happen that the soul coming from without (according to his opponents) and being so connected with the nerve vessels and viscera that even the teeth are sensitive to cold water and pressure, the soul at the death of the body suddenly part from it after being so enchained (*Namque [anima] ita connexa est per Venas, Viscera, Nervos Ossaque, uti dentes quoque sensu particepsentur; Morbus ut indicat, et gelidae stringor aquae, Et lapis oppressus sub dente e frigidus aspe*)."—*Lusr.* III., 685.

Unconsciously, then, he observed the pulp in the first case, and the periodontal membrane in the second.

These two anatomical parts become more and more known as dental diseases become more and more widespread (*Saepe dolor dentes, oculos invadit ipsos*).—*Lucretius*.

And as Rome was at the summit of its glory, having conquered Carthage and mastered the whole world, the dental diseases advancing hand in hand with the greater civilization and its luxuries, this ancient people was finally compelled to look for remedies and inaugurate a system of treatment.

TUBERCULOSIS OF THE LARYNX.

By Albert Bardes, M. D.
New York.

Instructor in Laryngology, New York Post Graduate Medical School.
Clinical Aurist and Laryngologist, Flushing Hospital.

Thanks to the recent active crusade against tuberculosis, the laryngeal form of this disease is not nearly so fatal as it was a decade or so ago. At that time the mortality from this affection was over 50 per cent. Now it is 28 percent. This improvement has been brought about mainly through the early identification of the disease. In no complaint is prophylaxis of more significance than in this one. It is often possible to perceive in the larynx a pertubercular state, in which tubercular changes are apparent before they are detected in the lungs. This is

the time to act, to prevent the dissemination of the disease. Not long ago I saw a man with this condition. I advised him to go to a sanitarium for tuberculosis. He was refused admission on the ground that no evidences of pulmonary tuberculosis were present. I lost track of him for eight months, then he came to me with all the symptoms of pulmonary phthisis. Again he asked to be admitted to the sanitarium. This time he was rejected because the disease had gone beyond the incipient stage.

Laryngeal tuberculosis occurs oftener than is suspected. Competent clinicians can detect symptoms of it in the majority of tuberculous subjects. Autopsies show that the larynx is diseased in 72 per cent. of those who succumb to pulmonary phthisis. An interesting postmortem finding is that 70 per cent. of the bodies that are brought to the autopsy table in large cities show evidences of healed tubercular lesions in the lungs. From the fact that most of these people have recovered from the disease, it is apparent that tuberculosis is not as deadly as it has been thought to be. Up to the twentieth year, at least 90 per cent. of mankind are infected, but not necessarily diseased with tuberculosis. Unfortunately, laryngeal tuberculosis does not offer the same chance of recovery that a tubercular lesion elsewhere does, but each year witnesses some progress in this direction.

The disease under consideration is mostly found in persons between the ages of 20 and 40. This is the period of life in which the expenditure of energy is greater and the conditions for tubercular invasion are most favorable. The disease is very rare among children. This can be explained on the ground that owing to the activity of their glandular system, the infection is diverted to the glands of the neck. Formerly children with swollen cervical glands were said to be scrofulous, which is but another term for the tubercular diathesis in the infant.

Tuberculosis attacks the larynx of the males oftener than females, in the ratio of three to two. This is partly because men, by nature of their vocation, are more frequently exposed to the inclemencies of the weather, which beget catarrhal complaints, the forerunners of throat troubles. Then again men are oftener compelled to use their voice under disadvantages. Men, however, have a better chance of recovering than do women, pregnancy and other sexual changes being responsible for the increased mortality among women. A female who suffers from laryngeal tuberculosis, or even one who is suspected of having the disease, should be warned against becoming pregnant, at the risk of her life. If gestation should occur, it must be intercepted, otherwise both mother and child are likely to perish. A fortunate provision of Nature is that tuberculosis women seldom conceive, and when they do, they generally miscarry. Not one authentic case has been observed in which a woman with tuberculosis of the larynx has survived longer than a year after the birth of her child. A pregnant woman, in order to sustain herself and her fast-developing fetus, requires much more nourishment than is customarily taken, perhaps an irritable stomach retards the assimilation of even the normal amount of food. In that case the reserve energy that is stored away in the form of fat is drawn upon and the health declines. Another danger is that the expanding abdomen will crowd the

lungs and impede respiration, thus placing a greater strain upon the larynx and other respiratory organs, which are already hard pressed.

Nearly all observers are agreed that laryngeal tuberculosis is always transmitted from the lungs, the channel of infection being the lymph ducts. This view is strengthened by the knowledge that the initial laryngeal lesion nearly always occurs upon the same side as that of the pulmonary deposit. Cases are occasionally cited in which the larynx alone is diseased, the lungs showing no physical signs of tuberculosis. It was formerly thought that in these cases the infection came from without, but this has been disproved. It is explained in two ways. Either the laryngeal lesion is the recrudescence of an old tubercular focus that was deposited at some previous time, when the lungs were diseased and were the source of infection, or, that the lesion in the lungs is deeply seated and not apparent to physical examination. Absence of bacilli in the sputum and even absence of sputum are not conclusive proofs of the non-existence of pulmonary tuberculosis, since both sputum and bacilli are not found until the disease is well under way, and after the lung tissue has broken down and the liquefied mass has been coughed up.

Tubercle bacilli are well nigh indestructible. Virulent germs have been found encapsulated in bronchial lymph nodes twenty years after the lungs recovered from the infection. There is reason to believe that this same phenomenon can occur in the larynx, the recurrence being due to some general dyscrasia, associated with a laryngeal disorder.

It is hardly possible for tubercular germs to reach the larynx through surface infection, from the sputum or through respiration, when we take into consideration the nature and the habits of the infecting organism. Tubercle bacilli are turgid, slow growing germs, that require for their propagation a certain degree of warmth, a comparative absence of air and a quiet resting place. These requirements are not to be found in the larynx, the mucous membrane of which is so exquisitely sensitive that a foreign body of any kind excites a flow of mucus and a fit of coughing that causes them to be expelled. If primary infection of the larynx were possible, the lesion would probably occur in the pyriform fossa, just above the larynx. These fossae are the catch basins of the throat. They receive the secretions that drain from the nose and throat and divert them into the esophagus. Having a rich lymphatic supply, they are ideal places for surface infection. As a matter of fact they are rarely the seat of tuberculous deposits. Another point against surface infection is that a tubercular deposit in the larynx starts in the deeper parts of the larynx and gradually makes its way to the surface.

The pathology of tuberculosis of the larynx is precisely like that of a similar lesion in any other part of the body. The unit of all tubercular foriis is the giant cell or miliary substructure of the larynx. It is accompanied by certain destructive changes which are peculiar to this disease. As the destruction proceeds, the infiltrated areas become larger, and finally it softens and breaks down, the debris seeking an exit at the point of least resistance.

Occasionally we see a larynx in which the tubercular changes can be followed from the first stage to the last. The first change that is noticeable is a hyperemic patch or swelling of the mucous membrane,

either upon the vocal cords or in the postlaryngeal walls. After a time tiny yellow spots can be discerned beneath the swollen area. These are the miliary tubercles which presently reach the surface and become tiny disseminated ulcers. These rapidly coalesce into one large shallow ulcer that looks like a slice of raw bacon with irregular worm eaten edges. Autoinfection of the rest of the larynx gradually takes place, and ultimately the entire larynx becomes infiltrated and diseased. The rapidity with which a tubercular deposit reaches the ulcerative stage depends upon the site of the lesion and upon the activity of the disease process. A lesion upon one of the vocal cords soon terminates in an ulcer. This is on account of the scarcity of epithelium, and because of the undue amount of attrition to which this part of the vocal cord is subjected. On the other hand an infiltrated area in the postlaryngeal wall may last for years before it breaks down. This is because of the limited motion and the thickness of the mucosa at this point. A lesion at this site is apt to cause early discomfort in swallowing, owing to the proximity of the esophagus. Generally, when the disease in the larynx has reached the stage of ulceration, that in the lungs has advanced to cavitation.

The exudate from a tuberculous ulcer is at first thin and watery and is laden with tubercle bacilli. Soon, however, pus cocci invade the field, and by their more rapid propagation soon displace the bacilli. The exudate then becomes of a thick ropy consistency and contains bacilli in the discharge of other than a fresh ulcer, excepting near its base. The yellow exudate that frequently covers an ulcer of one of the cords is apt to mislead the inexperienced even to the belief that the cord is normal in color.

In looking at a chronic tubercular ulcer of the larynx we are struck with the profuseness of the pale and edematous granulations. It is the reparative process which follows all tubercular changes. By means of it Nature attempts to stem the tide of infection and to seal the breach made by the disease. Tubercular granulations, however, are so unlike healthy ones, and so devoid of nutrition, that they usually defeat their very purpose, and retard rather than assist repair. In certain instances the granulations can be stimulated to healthy action, and then healing takes place, a layer of connective tissue replacing the granulations. Sometimes a larynx is seen in which destruction is going on in one place and repair in another. In this way repair equals waste and the disease drags on for an indefinite period before it assumes a serious aspect. Occasionally the scar tissue that replaces an ulcer contracts to such an extent as to make breathing difficult.

Individuals who use the voice as a source of livelihood and those who suffer from intercurrent attacks of simple laryngitis, whenever the weather is unfavorable or when they have a cold in the head, are the ones who are predisposed to laryngeal tuberculosis. A chain will break at its weakest link. In the same way a supersensitive larynx offers the least resistance to tuberculosis. Unquestionably a nasal disorder is the underlying factor in many of these cases, as it is the predisposing cause of nearly all throat complaints.

The earliest symptoms of laryngeal tuberculosis relate to the voice. As a rule the disease has such an insidious onset that its presence is

not noticed until the tubercular infiltration renders the opposition of the cords mechanically impossible. The first complaint is a slight hoarseness and a sense of discomfort in the larynx. These symptoms are soon supplemented by a dry hacking cough. Frequently the symptoms are precisely like those of a simple laryngitis, and it is not until their stubbornness arouses suspicion, that closer investigation reveals the true condition. It is then that other symptoms of tuberculosis are often brought to light, such as a rapid pulse, accelerated respiration, subnormal morning temperature or slight afternoon fever, or declining weight. A persisting hoarseness that is attended with a dry cough which is often violent and paroxysmal in character should always be investigated. The symptoms of laryngeal tuberculosis are worse at night, owing to the decline of the physical powers. Patients with laryngeal tuberculosis exhibit far more languor and debility than those with lung disease alone. They have a peculiar worried and haggard look and they talk with an effort. Their most troublesome complaints are the excessive dryness and irritability of the throat and the dry cough. These symptoms are particularly annoying to women. The excessive dryness of the throat is akin to the dryness of the skin and hair from which nearly all tuberculous subjects suffer. It is due partly to defective secretion and partly to the abstraction of moisture by the febrile process.

Hoarseness occurring in a person suffering from pulmonary tuberculosis is certainly suggestive of laryngeal involvement. It, however, can come from another source, such as a collection of dry sputum, or by a crust of mucus in the larynx, or it may be due to impairment of one of the recurrent nerves, either from pleuritic adhesions or from the pressure of enlarged bronchial glands.

Inspection of the larynx in the early stage of laryngeal tuberculosis reveals at the first glance but little of a diagnostic nature. There may be nothing discernible excepting a patch of hyperemic mucus membrane, or perhaps a faint swelling. Closer inspection shows that the movement of the vocal cord on the side of the lesion is not as free as it should be, and that the movement of the arytenoid is restricted. Sometimes a tubercular nodule can be seen upon the free edge of the vocal cord. It resembles a singer's node. There is something about a tubercular lesion in the larynx which to the experienced eye makes it distinctive of this disease. It is the infiltration that surrounds the lesion. In many instances doubt about the nature of a suspected lesion is dispelled by the observance of general symptoms of tubercular toxemia, such as failing weight, night sweats and so on. When the disease in the larynx has become well established, it can scarcely be mistaken for any other disease.

(Continued in next issue).

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AN APPEAL TO THE ALLIED DENTAL COUNCIL OF GREATER NEW YORK.

Gentlemen:

You are at present engaged in a very interesting discussion, dealing with a very interesting question, i. e.: Whether or not you shall publish a magazine of your own, to help carry on the work for which you were organized.

You are probably aware of the fact that the Progressive Dentist is in the field for the past three years and during that time it has espoused the cause for which you and all the members of the dental profession stand. Directly or indirectly it has in the past and does now publish all announcements and minutes of and papers read before the dental societies.

The Progressive Dentist is a radical magazine and represents the needs and interests of the profession from its own point of view and not from the manufacturer's or dealer's point of view.

During its three years it has always truly represented you. Why not **continue** to **represent** you? Why **change**? Why seek to divide the forces of the Allied Dental Council? For this is what is going to happen if a new paper is put out, it will necessarily have to compete with another magazine very similar and almost identical to it in its policy, management, etc. The subscribers and the advertisers support will be divided among the two and as result probably both will fail or they will barely exist. Why not unite, fuse, co-operate, call it what you will, but let their be unity—In Union there is Strength—Let us all put the shoulder to the wheel and accomplish something worth while. It is claimed as arguments against endorsing the Progressive Dentist that it bears the stamp of the Inter-Collegiate Socialist society; that the policy is socialistic, etc. Well, it is a well known fact that the editorials in Oral Hygiene are societically inclined, and that its editor Dr. Hunt is, I believe, a Socialist, still that does not interfere in anyway with the reputation and standing of Oral Hygiene as a dental periodical. I claim that it is not the stamp of the cover page or the editor but its contents that count, and I claim that what is contained in the Progressive Dentist is not objectionable. It is pleasing to the profession and the profession has shown its approval. It may contain Socialism, but that Socialism deals with dentistry. It is dentistry from a Socialist point of view—broad minded men have found it O. K. It will contribute and cause contributions to be sent in and will work for its success

Gentlemen, I appeal to you—do not divide your forces, keep a good magazine in the field and give it your endorsement—recognize it officially. Give it your moral and your active support and let us try to arrange matters for the good and welfare of all of us.

Respectfully yours,

JACOB GERBER, D. D. S.

Business Mgr., Progressive Dentist.

P. S. Members of the dental profession are kindly asked to express their individual opinions on this subject. Address all communications to the Progressive Dentist, 347 E. Tenth Street, New York City.

The Progressive Dentist

Published Monthly by

THE NEW YORK DENTISTS' CHAPTER

Intercollegiate Socialist Society

Dr. Maxmilian Cohen, Editor

239 E. Fifth St., New York.

Telephone, Orchard 569

Dr. J. Gerber, Bus. Manager

347 E. Tenth St., New York.

Telephone, Orchard 909

[illegible]

This magazine maintains an open forum. We appeal to our subscribers to avail themselves more extensively of our pages and send in manuscripts on any topic they think interesting. We will provide space for any criticism offered in good faith. We are not responsible for opinions expressed through the agency of the free forum. We limit our responsibility to what is published editorially only. We also reserve to ourselves the right to alter, abbreviate and correct manuscripts if we deem it necessary. Manuscripts we do not publish are not returned unless so requested in which case return postage is to accompany the request.

EDITORIAL DEPARTMENT

Dr. Wm. J. Robinson, editor of the *Critic and Guide* and author of many radical books on Genito-Urinary Diseases has put on the title page of every one of his books — "No book has a right to exist which has not for its purpose the betterment of mankind by affording either useful information or healthful recreation."

The same applies to magazines. No dental journal has a moral right to exist if it does not attempt to elevate the dental profession or better the condition of its individual members.

Having that for a purpose the editor, publisher, and proprietor must be first, absolutely honest and fearless and stand up for what is right regardless of consequences. Second, he must join hand in hand with editors and publishers of other magazines for just reforms and better legislation.

The above holds true in the case of the American Dental Journal—published by Dr. B. J. Cigrand, Batavia, Ill. We earnestly desire that some of our other contemporaries join us in such fights as the protest against the recent enactment of the Cocaine Law, "Illegal Dental Parlors," etc.

Therefore let us all join hands in the fight for the uplift of our profession.—J. G.

The Progressive Dentist

PUBLISHED BY

NEW YORK DENTISTS' CHAPTER OF THE INTERCOLLEGIATE SOCIALIST SOCIETY

PUBLICATION OFFICE

347 East Tenth Street

TELEPHONE ORCHARD 909

AN OPEN LETTER TO THE PROFESSION

Dear Doctor:

OUR magazine "The Progressive Dentist" is a Socialist publication dedicated to the uplift of our profession. You will agree with us that the dental profession is surely in need of uplift.

We want you to become a constant contributor to our magazine. You will be given carte blanche. We have no axe to grind; nor are we a narrow set of dogmatists. No dental supply company controls our publication. We preach the truth according to our lights. We want the truth from you. At all costs.

No matter what your private opinions may be, you can do no more meritorious work than helping us in our endeavor. You can help us by your moral support and by contributing articles of interest in the dental world; by making The Progressive Dentist the medium of discussion of all topics relating to dentistry.

May we count upon your support?

If you contemplate writing an article or series of articles in the near future, we will be pleased to give you space if only you signify your intention of doing so.

Hoping to hear from you, I beg to remain,

Very cordially,

MAXIMILLIAN COHEN, D. D. S., Editor.

STUDENTS' DEPARTMENT

C. D. O. N. Y. NOTES

A number of new and able demonstrators were appointed for the Junior and Freshman classes. Dr. Goldwater and Dr. Dyer Junior Operative Department; Dr. Scoop, Junior Prosthetic Department; Dr. Chambers, Examination Department; and Dr. Zapp, Freshman Class.

The first free clinic for school children has been established at the college, by Dr. Carr. Sixty children are treated every Saturday afternoon from 1 to 4 o'clock.

Dr. Carr is running this clinic at his own expense. This is one way he hopes to show his appreciation and express his gratitude to those who so willingly contributed toward the erection of the new building.

Dr. Carr treated an interesting case of caries in the Oral Surgery Clinic on Saturday, October 7. The patient was brought by Dr. Sueskind, a recent graduate.

The first volume of the "Acorn" a monthly publication issued by the students of the college has been issued this month. It is devoted to the interests of the faculty, Alumni and student body.

Samuel Grief '14, literary editor; Joseph N. Sablow, B. S. '14, news editor; Nat Bauman '14, general manager.

Senior Elections

At a meeting held Tuesday, October 28, the following were elected to office:

Nat Bauman, President.
Edith D. Schvecile, Vice-President.
Joseph N. Sablow, Treasurer.
Rose Jeivelle Lifshitz, Secretary.
Benjamin L. Withers, Sergeant-at-arms.

Junior Elections.

At a meeting held Thursday October 23, the following were elected to office:

Henry Weiss, President.
Bessie Neveloff, Vice-President.
Austin Hughes, Treasurer.
Mr. Mandelbaum, Secretary.
Mr. Englander, Editor.
Mr. Prince, Sergeant-at-arms.

B. NEVELOFF,
1421 Madison Ave.,
New York City.

N. Y. C. D. Notes.

The N. Y. C. D. might well be classed as the foremost dental institution in this country in regard to the number of students that have entered and left its portals. This is especially true when one considers the number of students that have left its Alma Mater within the last two years.

The session of 1913-1914 has the largest total registration of any of the preceding sessions. It is said to reach the high-water mark of 700. The number of registered freshmen alone amounts to about 320. An unusual large body of freshmen, larger than it has ever been the lot of any American dental institution to take care of.

When our dean, Prof. Faneuil D. Weisse, was asked by some members of the Senior class to explain the cause of this years' increase in registration, he answered that it has been his experience, for the past forty years, that whenever there is a falling off in business speculations, whenever there is little money in circulation and business is at a low ebb, then there is an increase in the number of young men taking up professional courses. That in such years of commercial leanness they come in ever increasing numbers not only into the dental profession but also into the medical, legal and other professions.

In other words, the avenues of the world of business are closed to many of our promising youths and they are forced to seek other channels in which to achieve "success." The young clerk or high school graduate who takes up the profession of dentistry, has been arguing fervently that there was plenty of room "on top," that one could reach it if he would only strive to climb. But it seems that the strings isn't worth one's while. Even our sycophant youth is realizing that few have reached the old "top," capitalism's promised land as it were, and are saying to those gazing longingly towards it: "Beware, we are the masters. Go ye and seek other fields."

Our esteemed Dean has used what is known as the law of economic determination to explain the situation that he and the N. Y. C. D. faculty is confronted with. His remarks indicate that he is getting acquainted with the economic interpretation of things. Whether he is an actual believer in the materialistic conception of history we do not know. But as a reporter of things that happen in our little student's world, we deemed our duty to record it as a significant sign of the times.

* *

*

The Manikin Head clinics are under full blast. Part of the Senior students have done operative work on the manikin heads during the summer session, others are just making acquaintance with "my head."

The clinic held two days in the week from 1 to 4 P. M., with Dr. Arthur J. Krbecek and Dr. Milton B. Shafer as demonstrators. Dr. Schweitzer, the director and deviser of the manikin head clinic, appears on the floor regularly and is on the lookout for absentees. Woe unto those who will be absent twice. They will be left without any heads. Look out for the "chief," boys.

Notice is hereby given to all students who are members of the New York Dentists Chapter, I. S. S., that meetings are held regularly on the first Friday of the month. All prospective members will be informed by postal as to the meeting place if they will send in their names and addresses to the secretary of the chapter or to the Progressive Dentist office.

All members of the chapter who have not remitted the yearly dues, 25cents, to the General Society are requested to do so. Remember, you are not entitled to receive the bi-monthly and all other literature published by the I. S. S. unless you pay in your dues.

IS THE DENTIST A SOCIAL FACTOR?

DR. MORRIS SCHNEER.

It is such a rare and unusual thing to see a dentist graduate into public office or rise to a higher position in life than I am forced to ask myself the question, I gave this article the title.

Why it is that the dentist as a rule, takes so little interest in public questions? If this statement were submitted to him, he would probably object to the ceremony, but it is none the less true. It seems to me that the average dentist is satisfied to lead a life of limited, or rather restricted usefulness. He thinks that his business in life is only that of "treating teeth." All other matters he leaves to others.

Close investigation proves conclusively that the dentists as a whole (with probable exceptions of one or two) do not "run" for any public office nor do they shine in other fields of endeavor.

I believe that there is no one that has such great opportunity to study human nature as the dentist has and yet it is astonishing how many dentists comprising a portion of intelligent citizens are indifferent to the various problems of life.

I have spoken to many fellow practitioners on the subject and a good many are of the opinion that the dentist should not meddle with politics or other social problems "for" said they, "since your opinion may vary with a goodly portion of your clientele you may lose business."

Every intelligent man should resent such talk as the above quotation. Firstly, I do not believe that the above assertion is true. And secondly, even if it were true no man should sell his soul for the "dollar."

The dentist even lacks in interest in his own affairs as the recent enactment of the discriminating "Cocaine Law" shows. Would such a law have been enacted if the dentists were awake? If the druggist would observe the strict interpretation of the law he is not allowed to sell the dentist not only cocaine, but also carbolic acid. Some time ago a fellow practitioner went into a drug store to purchase some carbolic acid and the druggist refused to make the sale without a physician's prescription. We wrote to the Board of Pharmacy inquiring whether a dental surgeon has a right to prescribe or obtain carbolic acid for his own use and the reply was an emphatic "no."

While the foregoing are random citations of the inactivities of the dentists to his own as well as to other problems, the real reason for the writing of this communication is to enlist the services of the dentist to the solutions of the various problems in life.

DENTAL HINTS.

Part teeth play in disease—among other things the irritation caused by diseased teeth produces ulceration of the tongue and lips, and the prolonged irritation of the ulcer often results in cancer in the mouth and its adjacent cavities, and besides this the large amount of germ laden saliva with its load of putrefying food from cavities in the mouth is swallowed and produces irritation as well as inflammation of the stomach lining which is often an invitation for the development of a cancerous process.—C. E. Montgomery, M. D., in Oral Hygiene

Instruments and Appliances and their Care.—Among the instruments and appliances that are very difficult to sterilize by the ordinary methods usually employed in dental offices are nerve broaches, rubber dam, modelling compound, and impression wax. An imperfectly sterilized nerve broach will infect a pulp canal which a moment before was sterile, as in removing healthy pulps under local or general anesthesia. A piece of rubber dam that had been used upon a patient with unsuspected syphilis may infect an innocent person and bring down upon him or her the unmerited reproach of being impure and vicious thus blasting the reputation and ruining the character of an entirely innocent victim, and all because of a penny-wise economy.

The same may be said of modelling compound and impression wax. Let me ask you, gentlemen, do any of you care to be the cause of such a wrong, such a stupendous calamity just described? No! thrice no, you say. Then, for the sake of the health, for the sake of the good name, for the sake of the life of an innocent and confiding patient, from this time on and henceforth do not try for a few cents to economize on your office expenses at the risk of the health, reputation or life of your patient. Throw these things into the fire and destroy them forever.

Do you sterilize your hand pieces? Most of you do not. Wiping with a dry towel or a napkin is usually all they get. Occasionally they are wiped with an antiseptic solution and this is considered sufficient. This is not sterilization. These instruments should always be thoroughly sterilized to prevent the carrying of infection. The sleeve of the straight hand piece may be boiled, the balance can be sterilized by placing it in gasoline. The right-angle hand piece, on account of its mechanism cannot be boiled, but it may be rendered completely sterile by immersing in gasoline.

How do you sterilize your mouth mirrors? Not by boiling of course, as that would ruin them almost immediately. These instruments can be thoroughly sterilized by washing and scrubbing them in warm water and soap, immersing them in full strength liquid carbolic acid or lysol, rinsing and immersing in 95 per cent. alcohol until needed again.—John L. Marshal—Items of Interest October.

Some Uses of H₂O₂.—To cleanse blood stained root canals and cavities, apply H₂O₂ on cotton. Equally effective in removing blood stains from coat sleeves, etc., try it; it works like magic.—M. J. Ruzicha.
—Dental Review

A Good Flux.—Fill a bottle with as much water as you think you need flux. Pour this water into a glass and place latter in a pan of water; fill the water in the glass with as much borax and boracic acid, equal parts, as the molecules of the water will hold; let water come to a boil and cool; pour same into original bottle and you will have a clear flux.—Wm. V. Sher.—Dental Review.

A Simple Festoon Carrier for Vulcanite Plate Work.—A very handy little tool for festooning the wax around the necks of the teeth is made in a moment by just putting a pen nib in the holder the reverse way. A broken steel pen, also presents two miniature cutting edges, which a touch or two of a corborundum wheel will convert into an instrument very useful in removing little bits of rubber from places which one cannot get at by any other instrument.—Edwards Dental Quarterly, per Cosmos.

Allaying Pain After Extraction.—To allay pain following the extraction of a tooth, the wound is rinsed with a warm solution of hydrogen dioxide, followed by insufflation of orthoform powder. If no spray is available, the wound can be coated by means of a cotton tempon dipped into this powder.—Oestrieichische Zeitschrift fuer Stomatologie, per Cosmos.

MY MOTHER-IN-LAW'S TEETH.

By Don Mark Lemon.

"Why don't you go to the dentist and have the tooth attended to?" John Fisher held his hand to his mouth and groaned.

"That's just like a man!" exclaimed John Fisher's mother-in-law. "Rather have the toothache than go to the dentist."

Still John Fisher said nothing. When one has a bad case of toothache even talk isn't cheap.

"Pooh! Don't make such a long face about it. Besides, a toothache is all in the mind."

John Fisher glared.

"All in the mind," reaffirmed the lady, calmly and exasperatingly.

John Fisher arose to his feet. "Madam," he demanded, "do you mean to stand there and tell me that this raging toothache is all in my mind?"

"I do."

"And that if I only imagined it didn't hurt, it wouldn't hurt?"

"Exactly."

This was adding contempt to insult, and John Fisher said as much.

"Now, now, keep your temper, John!" cautioned the lady. "You know very well that if you hadn't any mind at all, you couldn't be conscious of having the toothache. So if you will but withdraw your mind from the pain, it will be the same thing. You will be unconscious of it."

John Fisher sat down in disgust.

"I'll tell you what I will do," continued the resource-ful mother-in-law. "If you will go with me to the dentist and have that tooth at-

tended to, I will have two of mine pulled and the nerves killed in four others. I should have had them attended to before this."

John Fisher looked surprised, then ashamed. Had his mother-in-law the toothache?

"And I won't take gas either. I'll depend wholly on the power of mind over matter."

John Fisher reached for his hat. "Very well," he said; "It's a bargain." He smiled grimly. Two hours or so on the torturous dental chair would make his mother-in-law change her opinion about pain being all in the mind.

The lady also smiled, but her smile was all sweetness and guileless.

The dentist lowered the dental chair to accommodate his patient's height, and after spreading a nice fresh towel over John Fisher's shoulder, filled his mouth with a sheet of rubber to keep him quiet, and began his several acts of torture.

With a screw-wedge device he pried John Fisher's decayed and aching eyetooth from against its neighbor, screwing the wedge tighter and tighter; then with a sharp, crooked pick he busied himself for a while cutting and gouging into the aching tooth. This done, he sorted over his drills, calmly proceeded to sharpen the cruelest-looking one that he could find, placed the same in the dental engine, put his foot to the power and began to bore for the nerve.

It was agony, and John Fisher's body grew cold and hot by turns, and he began to squirm in his chair and groan aloud.

"It isn't very pleasant, I know," remarked the dentist.

With a shiver, John Fisher looked crosswise into the attentive eyes of his mother-in-law.

"Now, John," said the lady, "remember that pain is all in the mind, and if you will only imagine it doesn't hurt—why, it won't."

"O-o-oh!"

"What did I say! All in the mind!"

"O-o-oh!"

"Remember! all in——"

"Oh!"

John Fisher had endured all that flesh and blood could bear. He brought up his hand and with one jerk tore the wedge from between his teeth and the rubber from his mouth.

"Mr. Fisher!" expostulated the dentist.

"Why, John!" exclaimed the mother-in-law. "Didn't you hear me saying that pain is all in the mind?"

John Fisher turned upon the lady. "Madam, while I am letting this tooth cool, just have those two teeth of your yanked out."

"Why certainly." Mrs. Meadowbrook seated herself in the dental chair.

John Fisher stood closely by. Now was his turn to advise, and he fairly smiled with vindictive pleasure. But not long, for when the dentist had succeeded in breaking off one and crushing another of his patient's teeth in futile attempt at extraction, that lady looked up with a beautiful smile and remarked. "After all, pain is wholly in the mind. Don't you think so, doctor?"

"I am satisfied of that," said the dentist.

John Fisher's jaw fell mutely

The dentist now dug out the splinters of the two teeth he had broken off, and proceeded to bore great cavities into four other teeth in the mouth of Mrs. Meadowbrook, that lady not uttering a single complaint the while, nor once so much as wincing, but throughout the operation bearing herself as easily as if at a play.

"I cannot give you any more time this morning," stated the dentist.

Mrs. Meadowbrook arose, and smiled on her son-in-law. "Now, John, remember, that physical pain is all in the mind, and if you will believe that your tooth doesn't hurt you—why(as I said before, it won't."

Again John Fisher seated himself in the dental chair and again the surgeon began boring with a fine-pointed drill.

"Getting pretty near the nerve," remarked the latter, by way of information.

John Fisher made no reply, but like the parrot that couldn't talk, he thought a great deal. Bracing himself in the chair, he sought to conceal his squirmings from his argus-eyed mother-in-law, for after the wonderful example of the power of mind over matter set by that lady he was determined that his conduct should be above reproach of a Spartan.

"All in the mind!" he thought. "Great jumping frogs! what kind of a mind has she?"

Even the hour in the dental chair has its ending—"This, too, shall pass away"—and at last John Fisher's tooth could have nothing more done for it for the time being, and he arose, quit the dentist's office, and walked home with his mother-in-law.

Occasionally he would glance sideways at her out of admiring eyes. "What a mind that woman must have!" he thought.

He took her into a store and bought her an expensive hat and sunshade. "Nothing's too good for a woman like that!" was his secret reflection.

An hour later he got into a dispute with a friend, who maintained that the mind has no power whatever over physical pain.

"What!" cried John Fisher. "The mind has no power over pain! You don't know what you're talking about. You should have seen my mother-in-law at the dentist's this afternoon. Great Scott, you should have seen her! She had two teeth pulled and the nerves killed in four others, and she didn't take any gas, but just believed it didn't hurt, and—why, it didn't

"Are you speaking of Mrs. Meadowbrook!" inquired the friend.

"Yes, my mother-in-law."

The friend smiled. "But I say, hasn't Mrs. Meadowbrook false teeth?"

"False teeth!"

"Why, yes aren't all of her teeth false?"

John Fisher suddenly slapped his friend on the back and laughed loudly. "Ha! ha! I was just seeing if you would bite!"



DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY—Meets the fourth Thursday of each month at Fraternity Building, 67 West 125th St.

Dr. W. S. ENGELBERG, Sec'y, 2400 Seventh Ave., New York.

EASTERN DENTAL SOCIETY—Meets the first Thursday of each month at Cafe Boulevard, 156 Second Ave., Cor. 10th St.

Dr. A. LEWITTER, Sec'y, 330 E. 4th St., New York.

KINGS COUNTY DENTAL SOCIETY—Meets the second Thursday of each month at Masonic Temple, Claremont Ave. near Lafayette Ave.

Dr. S. H. FILLER, Sec'y, 220 Stockton St., Brooklyn, N. Y.

A meeting of the Eastern Dental Society took place on Thursday, November 6, 1913. The meeting was called to order by Dr. Hindes, president of the organization. The minutes of previous meeting were read by Dr. Lewitter, secretary. A motion was made by Dr. Lederer to elect the following men as members of the society, after they have been received and approved by the Admission committee:

Dr. S. Alexander, 463 East 149th Street.
Dr. George Evans, 55 West 39th Street.
Dr. Morris Fuchs, 327 East 10th Street
Dr. Morris J. Goldin, 60 Second Avenue.
Dr. Louis Herbst, 323 East 4th Street.
Dr. Frank Kern, 233 East 10th Street
Dr. Maurice Oser, 222 East Broadway.
Dr. Charles Schmer, 25 Avenue A.
Dr. Jacob B. Schneer, 308 East 15th Street.
Dr. Max Stein, 220 East Broadway.
Dr. Abraham Wolfson, 401 West 59th Street.

Under New Business, a motion was made by Dr. Lederer that the Society follow the example of the Harlem and the Kings County Dental Society in requesting Governor Glyn to retain Mr. Porter in the office of State Health Commissioner. Motion was passed. Acting on a suggestion made by a member the president called on Prof John Bethume Stein, the speaker of the evening.

Professor Stein did justice to the subject: "Notes on the Teeth and Dentists of some French Monarchs," by giving a very interesting and accurate history of dentistry in the time of the early French kings.

Besides giving correct dates, Dr. Stein favored us with some inside information of the dealings of these kings with their dentists. The lecture was followed by some lantern slides that Dr. Stein collected during his visit abroad.

On the whole, the paper, and the treat to the eye were two things which no dentist should have missed.

Under Reports of Committees—Drs. Ratner and Rice reported for the Allied Dental Council. The following is a summary of their discussion:

1. The recent Cocaine Law, restricting dentists from obtaining cocaine except on a physician's prescription.

2. Illegal dental parlors—Dr. Ratner reported that District Attorney Whitman has an assistant in each Magistrate Court and any dentist can make complaints directly to this assistant instead of reporting to the State Dental Society as before.

3. The Allied Dental Council is considering publishing a paper of its own.

Dr. Hindes reported that on Monday, November 10, the Second District Dental Society will have a meeting at which Dr. Ottolbugrie will be the guest and chief speaker. He will read new laws in regards to the illegal practice of dentistry which he intends bringing before the legislators.

Before adjournment a very important question came up, i. e., whether or not it is advisable that Allied Dental Council publish a paper of its own or endorse the Progressive Dentist. The substance of the discussion will be found on another page of this magazine. The meeting adjourned at about 12:30 P. M.

A regular meeting of the Kings County Dental Society was held on Thursday evening, Nov. 13th, at 8:30 P. M. sharp at their quarters, The Brooklyn Masonic Temple, Lafayette and Clermont avenues.

Dr. James P. Ruyl read a paper on (1) Taking Impressions on Modeling Compound, (2) The Gysi Method of Obtaining the Measurements of the Human Jaw, (3) Anatomical Articulation.

Dr. Ruyl has given years of study to these subjects, and consequently this paper proved an epoch maker. It aimed to revolutionize all of the present accepted methods of impression taking. Dr. Ruyl demonstrated his method for the benefit of those present.

The paper was discussed by Prof. Ellison Hillyer of New York College of Dentistry and Mr. Samuel Supplee.

The paper in full will be published in next month's issue of the Progressive Dentist.

NOTICE TO GRADUATES:—With this issue your free subscription to the Progressive Dentist expires. If you desire to have the magazine come to you regularly, beginning with the November, 1913 issue, we will ask you to subscribe to it. Subscription price is 50 cents a year. Send cash, check, money order or stamps, etc., to Dr. J. Gerber, business manager, 347 E. 10th St., N. Y. City. Do it to-day.

IMPORTANT

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The December Number

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I. Notes on Teeth and Dentists to some French Monarch"—read before the Eastern Dental Society by Prof. John Bethune Stein, of the New York College of Dentistry.

II. Paper read before the Kings County Dental Society by Dr. James P. Ruyl, on:—

III. Paper read before the Harlem Dental Society.

IV. Dental Society News, Allied Dental Council News.

V. Students' Department.

VI. Dental Hints.

VII. Poems and other items of interest, having dental and Christmas features conjointly—will appear in the December issue.

1. Taking Impressions in Modelling Compound.

2. The Gysi Method of Obtaining the Measurements of the Human Jaw.

3. Anatomical Articulation.

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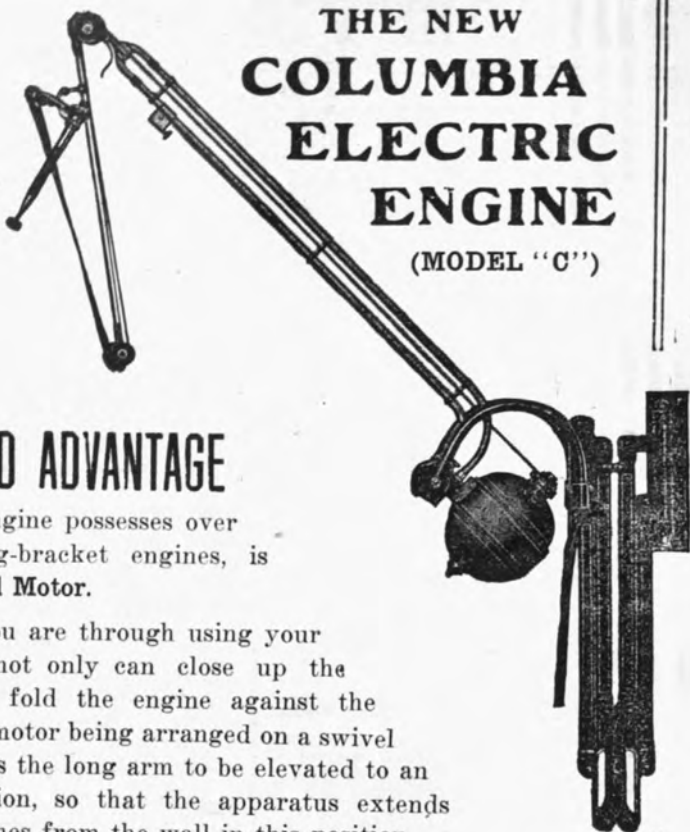
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The Progressive Dentist

Vol. II

December 1913

No. 15

MINOR ORAL SURGERY

Paper read by DR. WM. J. LEDERER before The Harlem Dental Society.

Taken down by stenographer for The Progressive Dentist.

When the slides were shown, it was difficult to take down notes owing to the darkness in the room—Editor.

Mr. President, Ladies and Gentlemen:

It is indeed with great pleasure that I appear before you this evening. When your secretary invited me to read a paper, he was kind enough to select a subject which is dear to me as a surgeon, and which is dear to the heart of every surgeon. It is a subject which you fully realize I could not prepare a paper on in the few days that were given to me and do justice to the many books on dental and oral surgery, with which I am acquainted, namely, that of "Minor Oral Surgery."

I shall have to beg your indulgence for some omissions, which of necessity I will have to make because of the short time allotted me for my subject.

Successful dental surgery and minor oral surgery depend not only upon surgical knowledge and diagnostic ability, but, to a great extent, successful surgery depends upon precision of action. That means carefully planned and carefully executed work. To obtain this end we have to eliminate one factor, and that is, **Speed**.

A dental surgeon who desires to do the best for his patient must eliminate the speed factor. Therefore, the first requirements for successful minor oral surgery is **time**. I make this statement, gentlemen, and I shall refer to it later on, firmly believing that to do successful dental work requires length of **time**. Of course, it is needless to state that besides the element of time and definite knowledge, precision of action, and other requirements we must consider surgical diagnosis and properly selected assistance as important factors.

The first essential in performing an operation is to enter into it with the proper spirit. This refers to the patient also, and it is with this spirit that many operators enter into their work.

We have, for example, a tooth which has to be removed, or an abscess to be opened. For the tooth and abscess cases the surgeon gives no attention to his surroundings—and there is where he is at fault.

The first thing is to make a careful examination of the mouth. I have brought a few slides to be thrown on the screen which will make it easier for me to demonstrate my points and make my subject more interesting to you.

Slide 1. I simply throw this slide on the screen to show the use of retractors which are a great deal better than the ones which usually introduced into the mouth.

I said before, gentlemen, that the time factor is a particularly necessary one in successful surgery.

The next question to be considered is that of anaesthesia which for some time has been practiced on mankind, and particularly in our work in oral surgery as we have had and still have a good many operations to perform where the patients does not want ether or chloroform, and where nitrous oxide has proven a failure in the hands of an expert. In such cases anaesthesia has solved the problem.

The next two or three slides are those showing the right and wrong use of local anaesthesia.

The needle should be introduced as shown here in the neighborhood of these lines (as shown on the screen).

There are some cases where local anaesthesia cannot be applied, but you can absolutely use it in a large percentage of cases.

This is the correct way of introducing your needle. The end of this needle is thrust into the tissue in such a way that the cut end is parallel with the bone, otherwise you are apt to break the needle.

(Slide.) Proper way to introduce the needle.

(Slide.) Proper way of injecting local anaesthesia.

Several slides shown in explanation of above.

The needle is introduced as follows:

You grasp your needle as you would a forceps and rest the needle on the opposite cocaine. Thrust it through the soft tissues until you feel the bone. Then slowly bring your needle over to the side. Slowly feel your way along until you strike this section. You will then meet with no resistance. Simply thrust your needle in and inject the cocaine into the wound. You will then get a deposit of anaesthesia in the pressure.

(Slide.) This shows where the deposit of anaesthesia is made. Then after 15 or 20 minutes you will get complete paralyzation of that nerve.

Next slide. Introduction of the needle.

Next slide. Feel your bone.

Next slide. Slowly bring it around.

Now, gentlemen, we have to bear in mind a few points from our anatomy. We have two main canals, the infraorbital and the inferior dental. We get complete anaesthesia of the upper jaw by injecting into the infraorbital and into the Inferior Dental to get complete anaesthesia of the lower jaw.

Extraction of back teeth. I shall not go into detail on the operation of extraction. Extraction is divided into two classes: Normal extraction and extraction of impacted teeth.

Next slide. Uninterrupted teeth and roots that are broken. I shall take up the extraction of uninterrupted teeth.

Next slide. Here we have a case where the second bicuspid root was broken off a long while ago. The six-year molar came forward. We must bear in mind that this patient suffered with neuralgia. It was utterly impossible for it to force its way here. (As shown on the screen.)

I oppose working in the dark at any time. I have been criticized repeatedly for my method in removing teeth, but I always insist upon this method. (Several slides showing the method.)

I would severely criticize any attempt to simply jab that tooth out.

Next slide. Here we have our dear old friend—the lower third

molar. This is a case that shows my method of removing it. We make an incision opening up the flap—exposing over bone—after the bone is exposed, by means of a drill we make a series of holes, if necessary, and then with a small scissors cut into the wounded bone and then remove the tooth.

The mouth is then washed out with a little boric acid and you can close the wound up and get good results in healing. Whether it is lower or upper third molar, whether it is situated near, or whether it is a canine, in the short, it will explain this class of matters. It results in free exposure of the bone by means of burr and scissors, expose sufficiently to grasp. You then have a clean wound.

Next slide. You try to get away with it in a crude manner. In this way there is more trouble than the operator is looking for. The other procedure takes a little longer, but you have a clean result.

Cut flap; expose bone, drill your bone away, expose tooth and remove it.

Next slide. Here is a canine tooth. This canine tooth is situated in the middle of the palate, can be removed by several methods.

The general surgeon will simply take a burr or a scissors and cut a great big hole, sacrificing everything and letting it heal by granulation and establishing complication, which is very troublesome.

Local anaesthesia is very valuable in such cases.

There are various classes of cysts, but we have not the time to go into the physiology of the cysts.

Slides showing different kind of cysts.

From the surgical standpoint we must remember that the cyst membrane must be removed entirely.

Next slide. This is a case that I saw some time ago, and this lady was extremely anxious not to have this tooth removed. The roots were filled and the jaw bone was opened up; here the roots were amputated and the membrane was chiseled out.

Next slide. I simply throw this picture on the screen to show you to what extent these cysts may assist in diagnosis.

Next slide. This patient had a series of cysts which went up to the jaw. In order to have a successful operation we have to leave a clean wound.

Next slide. Here we have another class of conditions.

I shall not take up too much time to speak of the following one or two complications. The first is the facial, which is shown here. These cases are the results of some overlooked root; the second, a Radiograph, that I took some years ago brings back the importance of our work.

Next slide. This is a boy 13 years of age who developed glands of the neck. He was treated and treated and finally advised to go to a specialist. He was seen by a nose and throat man in New York who said to him, "I want a dentist to get hold of you." The gentleman he was referred to, and I insisted upon a radiograph. You can see the broken-down gland. The boy was well in two weeks, but he had glands of the neck two years.

Next slide. Cut away the thin bone, chisel out the membrane, which is very essential.

Slide. Here you can see wound slightly healing up.

Next slide. This is a specimen of a cyst in the upper jaw. The man wore a plate and developed this (pointing to the screen). While the patient was operated on I asked the photographer to see if she could fix this on a plate, and she succeeded. The essential point is that the membrane be removed. It takes a considerable length of time.

Next slide. This is a rather delicate operation, and is one that a good many men think extremely difficult form, but if you take your time and use local anaesthesia it is very simple. You make your flap as shown before by circle indicated, and by means of mouth washes wash out your wound, drop your flap, tie down with one stitch.

(To be continued in next issue.)

DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By Samuel Greif.

(Fifth Article.)

Kethuboth 59b.—According to Beth-Shammai: He put a finger between the teeth. According to Beth-Hillel: She put a finger between the teeth.

Note: These are idiomatic expressions similar to one now commonly used: To put a finger into the mouth, i. e., to hint at something.

Keth. 60a.—As we have learned, when one bites into anything and blood appears on the bite, he shall break the blood-portion off and eat the rest. But when there is bleeding between the teeth, one may suck the blood into the mouth without any harm.

Note: This clearly illustrates that eating of blood is strictly prohibited; not even one's own blood after it appears on a morsel of food. How many times has this passage of the Talmud been referred to in all ritual murder accusations, in the attempt to prove that eating of blood is permitted according to the Talmud?

Keth. 111b.—We learn: "His teeth shall be white from milk" לבן שנים but לבן שיניים or לבן שיניים Gen. xlix. 12). Do not read לבן שיניים but לבן שנים or לבן שיניים

Nedarim 66b.—She had a tothebeth-tooth and R. Ishmael made her a golden tooth.

Note: The tothebeth-tooth was fully explained at Sabbath 64b. It is evident here that the tothebeth tooth was an inexpensive tooth, and not a very good looking tooth. The golden tooth was a more becoming one, hence the change.

Nazir 52b.—We have learned: His teeth became black on account of his fastings.

Note: See Chag. 22b.

Suta 12b.—You find it also with reference to the teeth of the wicked, as it is written (Psalms iii, 8): "The teeth of the wicked dost thou

break," and Resh Lakish said: Do not read "break" (shibarta), but "distend" (shirbabta).

Note: For explanations, see Ber. 54b; also Meg. 15b.

Gittin 42b.—Come and hear: If he struck out one of his (the servant's) teeth and blinded one of his eyes, then he is free because of his tooth and he must pay him damages for his eye.

Note: The Gemara refers to the passage in the Bible: "And if he strike out his man-servant's tooth, or his maid-servant's tooth, he shall let him go free for the sake of his tooth (Ex. xxi, 27). The matter is further discussed at Kiddushin 24a, 42b, Baba Kama 26b, 34b, 73b.

Gittin 69a.—For tooth (ache), said Rabba b. R. Hona, take a single clove of garlic, rub it with oil and salt, and place it on the thumb-nail of the aching side. It should, however, be circumscribed with a rim of dough, and care should be taken that it touch not the skin, because there is danger for leprosy. To the palate (affections of), R. Yochanan said, take bertram, which is as good as **mamru**, and the roots of bertram are even better than **mamru**. To check (the spread of inflammation) take this in the mouth. To ripen (the abscess) take the bran remaining on the sieve, lentils together with the dust and hops; from this about the size of a nut is taken into the mouth. To open (the abscess) white cresses should be blown in by some one through a wheat-stalk. To heal, earth should be taken that was overshadowed by a privy, kneaded with honey, and eaten; this proves effective.

Note: It is rather difficult to understand the relationship between the **thumb-nail** of the aching side and the aching tooth. The Chinese similarly applied their remedies at some distant point. For toothache the Chinese use garlic and saltpetre which is pulverized and made into pills. It the pains be on the left side, one introduces one of the pills into the right ear, and vice versa. A certain powder is given to be snuffed up into the left nostril if the person suffering from toothache be a man; in the right if a woman. Still another powder is to be smelt with the right nostril or with the left, corresponding to the side on which the pain is located. Again, one roasts a bit of garlic, crushes it with the teeth, and afterward mixes it with chopped horseradish seeds, reducing the whole to a paste with human milk; one then forms it into pills; these are to be introduced into the nose on the side opposed to that where the pain is situated. (Darby, *La medecine chez les Chinois.*)

Kiddushin 24a, b.—We have learned: He goes free because of his eye (which has been blinded by his master), or because of any other visible organ whose functions will not return. This is evident from the tooth and eye: Just as the (missing) tooth and eye are visible injuries, and they do not return, so also is every other visible injury, whereby (the organ) does not return. It seems, therefore, that the tooth and eye represent two teachings in one, (as if only one law were repeated twice), and wherever there are two teachings in one, then is there not something to infer from this?—Both are necessary. Had the merciful have written

"tooth" alone, then we might think that it includes even a milk-tooth (which is later replaced), therefore he also wrote "eye." And had the Merciful have written "eye" alone, then we might think that just as the eye which has been created with him, so also every other organ that has been created with him, however, not the tooth (which makes its appearance after birth). Therefore both are necessary.

The Rabbanan have learned: If he has struck his servant on the eye and has weakened it, on a tooth and has loosened it, if he can yet make use of them, the servant does not go free because of them, but if not, the servant does go free because of them. We have learned elsewhere: When the eye of the servant was weak and he has blinded it, when the tooth was loose and he struck it out, if he has previously made use of them, the servant goes free because of them, but if not, the servant does not go free because of them.

Note: Particular attention is paid in the Talmud to the teeth with their bearings to Jurisprudence. The basis of the Talmudical discussions, of course, is the Bible. "Eye for eye, tooth for tooth, hand for hand, foot for foot" (Ex. xxi, 24). As we have seen the Talmud explains the eye and tooth as representative examples of **groups** of organs. But the hand and foot are also mentioned, and the explanation of the Talmud that each is representative of a definite group of organs is not very well applicable in these cases. It seems more probable that the tooth and eye were mentioned simply as organs most likely to be injured.

I find a most interesting comment on these Biblical clauses in the works of Philo-Judeus (born 15 B. C. E.), who considers the striking out of a tooth as plotting against one's life:

"The law also commands that if any one strike out the tooth of a slave he shall bestow his freedom on the slave. Why is this? Because life is a thing of great value, and because nature has made the teeth the instruments of life, as being those by which the food is eaten. And of the teeth some are fitted for eating meat and all other eatable food, and on that account are called incisors, or cutting-teeth; others are called molar teeth from their still further grinding and smoothing what has been cut by the incisors; on which account the Creator and Father of the universe, who is not accustomed to make anything which is not appointed for some particular use, did not do with the teeth as He did with every other part of the body, and make them at once, at the first creation of the man, considering that as while an infant he was only intended to be fed upon milk they would be a superfluous burden in his way, and would be a severe injury to the breasts, filled as they are at that time with springs of milk, from which moist food is derived, as they would in that case be bitten by the child while sucking the milk. Therefore, having waited for a suitable season, (and that is when the child is weaned). He then causes the infant to put forth the teeth which He had prepared for it before, and the most perfect food now supplied to it requires the organs above-mentioned now that the child rejects the food of milk.

If, therefore, any one, yielding to an insolent disposition, strikes out the tooth of his servant, that organ which is the minister and provider of those most necessary things, food and life, he shall emancipate him whom he has injured, because by the evil which he inflicted on him, he has deprived him of the use and service of his tooth.

"Is then," some one will say, "a tooth of equal value with an eye?" "Each," I would reply, "is of equal value for the purposes for which they are given, the eye with reference to the objects of sight, the teeth with reference to those which are eatable." But if any one were to desire to institute a comparison, he would find that the eye is entitled to the highest respects among all the parts of the body, inasmuch as being occupied in the contemplation of the most glorious thing in the whole world, namely the heaven; and that the tooth is useful in being the masticator of food, which is the most useful thing as contributing to life. And he who strikes out a man's eye does not hinder him from living, but a most miserable death awaits the man who has all his teeth knocked out.

"And if any one meditates inflicting injury in these parts on his servants, let him know that he is causing them an artificial famine in the midst of plenty and abundance; for what advantage is it to a man that there should be an abundance of food, if the instruments by which he may be enabled to make use of it are taken from him and lost, through the agency of his cruel, and pitiless, and inhumane master? It is for this reason that in another passage the lawgiver forbids creditors to exact from their debtors a molar tooth or a grinder as a pledge (?), giving as a reason that the person who does so is taking a man's life in pledge; for he who deprives a man of the instruments of living is proceeding towards murder, entertaining the idea of plotting even against life." (Works of Philo-Judeus, translated by C. D. Yonge, vol. iii, p. 352).

The conclusion to which Philo-Judeus arrives here is quite peculiar inasmuch as he strives to justify the law and the great value attributed to a tooth in the Bible. But how little would he have said had he shown with what astonishing facility the loss of a tooth can be remedied—the replacement of an artificial one of almost equal value! With our present knowledge of the teeth the dental expert would have to consider a number of things before giving his final decision as to the degree of liability when a man's tooth was knocked out. He would have to consider the texture of the tooth, whether it was of soft or hard texture, whether it was a loose or firm tooth, and whether little or great force was used in its displacement. Again, whether it was an anterior or a posterior tooth, whether a deciduous or permanent tooth, and finally whether and how an artificial replacement is possible.

Kidd. 24b.—The Rabbanan have learned: When the master is a physician and the slave implores him to treat his eye and he blinds it, to drill his tooth and he breaks it out, then he has tricked his master and goes out free.

Kidd. 25a.—Rabbin related in the name of R. Ada in the name of R. Yitzchak, that a maid of the house of Rabbi, who once came out of the dipbath, found a bone between her teeth, and Rabbi therefore made it necessary for her to dip herself once more.



THE COTTON BRIGADE.

Dr. Morris Schneer.

Have you ever come into a dental office and found the office packed with patients? Did you ever take the trouble to find out how it is that Dr. So-and-So is constantly busy, every patient having to wait hours before obtaining a next, and you are only too glad when you have something to do, and yet you are just as prosperous if not more than Dr. Busyman?

Did you ever come across (and I am sure you did for they are very familiar types) Dr. Coining Money and Dr. Braggs? And didn't you hear them tell you how many hundreds of dollars they are making a month, and when one nice morning (lets say on a Friday) you happen to come up to see this prosperous D.D.S. and you find his wife scrubbing the floor for all it is worth and our "Money making doctor" smoking a 2-cent cigar and cleaning the cuspidor.

Of course when you ask the D.D.S., "Well, how is it?" Where is all the money you have made?" And the answer is, "I have invested all my money in second mortgages."

To come back to the "packed office" or the "cotton brigade practice" (I don't think the later word is original with me).

You enter the office and here is what you hear from the various members of the cotton brigade: "I am coming to this office for the last year to have the cotton changed in a tooth."

Another: "He is a very careful dentist; he doesn't make a hurry-up job. I started treating my teeth with Dr. Braggs when I was pregnant with my 5-year-old son Benny."

And another: "The doctor put in a bridge in my mouth six months ago and he told me to get to it before he cements it. I come every other day and he tells me it isn't ready to be cemented."

The above will serve as examples of how much Dr. Coining Money coins money from his practice and why Mrs. C. M. scrubs the floor.

This type of dentists are under the illusion that they are really making money, but beneath the illusion they find lead. Behind every smile they give a member of the cotton brigade there is a searing smart. And they pass their life in confusion, failure, misdirected efforts and wasted energy. They exaggerate their incomes and pay out big bills for cotton. And it is real comical this cotton brigade if it were not tragic and the tragedy ends with the patient's having to go to another dentist to have those cotton-treated teeth removed—and the result—the patients find themselves sans teeth and sans money.

These cotton pushers think they are advertising their offices when they always have a number of patients in their waiting-rooms. The patient is under the impression (at the beginning) that since the dentist is always busy it is natural to suppose that he must be a skilled dentist.

I have heard some of these dentists deny that they are cotton pushers for the mere want of it, but because they are forced to use such methods. They claim that the average patient being a slow payer they are obliged to use this cotton-pushing tactics to draw the money out of them, and as soon as they have obtained the money they begin to do the actual work.

While it is in a great measure true that the average patient is slow in paying, it is this cotton-pushing method that is the cause of it. If you make a firm, definite, conservative request for payment, a request which is fair and carries conviction, you will invariably get your money. Explain to the patient the disadvantage of prolonged treatments and insist that the patients keep their appointments.

It has gotten to be so that if you do the right thing with the patient, for instance, devitalize a pulp by pressure anesthesia and remove it in one setting the patient becomes suspicious and thinks that you want to do him (or her) out of his money. It sometimes needs a good deal of talk to convince even an intelligent patient that what you are doing is the proper thing and that a prolonged treatment of cotton invites infection to the affected tooth as well as to the mouth; that a prolonged treatment of a certain tooth will ultimately result in pericementitis, putrescent, pulp, etc.

A SPOT ABANDONED BY CIVILIZATION.

By Dr. L. Levitt.

(This article was intended for publication in the last issue, but arrived too late—Editor.)

Judging by the title of this article, one may think that the writer of the latter is about to depict a God-forsaken piece of wilderness somewhere in central Africa or in the immediate vicinity of the North Pole, which, by virtue of natural obstructions, have withstood the incessant and indefatigable onslaughts of civilization. The contrary is the case. The following is an attempt to characterize one of the most civilized portions of the population of one of the most civilized cities, of one of the most civilized countries in the world! Striking, isn't it? Well!—to cut it short—I am going to speak of the Dentists of Greater New York, practicing one of the most vitally important professions, practicing it in a metropolis that is the second in the world in population and the first in riches and facilities for education—the most magnificent star in the constellation of human handiwork!

And yet the title of the article is most suitable; (shouts of protest on the right and laughter in the center; someone pipes out: "We are not Hotentots!") with a lugubrious tone in my voice, registering precisely my internal feelings and thoughts, painful as it is, I must say: "Nay, we are not Hotentots, but we cannot bestow great honor upon them by shaking their hands, and here is the reason: What would you say today if a body of men—men who received (or supposed to have received) a fair education, would deny that the Earth is spherical in shape or that it revolves around its axis, and travels around the Sun? Would you not regard them with scorn, acrimony or pity, or all three combined? Wouldn't you call them Hotentots (if the latter wouldn't protest against such slander)? What would you call a country where, at a trial of a Jew, charged with having slain a Christian child in order to obtain his blood, expert testimony was necessary to determine whether or not Jews use Christian blood for religious purposes and where this expert testi-

mony was given in the affirmative? What would you call that country? A veritable pandemonium (if it wouldn't enrage His Majesty the Satan) or the dominion of cannibals (providing the latter do not understand English)! What would you think of supposedly intelligent people, who in the twentieth century deny the usefulness, the absolute indispensability of organization? In this twentieth century, when gigantic corporations are formed in order to carry on large industries, which a single capitalist, no matter how rich, could not have even approached; when enormous labor organizations were forced into existence by the utter impossibility to cope with exploiters singly; when every social or political movement must necessarily be carried on in an organized manner if any success is to be achieved; when every profession is organized nationally and internationally, for in this manner only can their interests be best promoted. When business men and manufacturers organize boards of trade and associations; when navigators, aviators, railroad operators, scientists of all denominations, to say nothing of various sportsmen, are organized nationally and internationally, for only by this means can they develop to the highest possible degree, their skill, information and experience in their respective pursuits.

In this twentieth century, which can be truly called "the century of organization," when every school-child knows the value and power of organization, for even they organize clubs, wherein they can attain, with less difficulty the proficiency in various subjects. I say in this century and in this metropolis a number of educated men do not believe in organization, do not believe that "in unity there is strength."

Deny organization, which is equivalent to denial of the sphericity of the Earth or the axiom that a straight line is the shortest distance between two points! Organization, which can be observed in an ant-hill, in a bee-hive, in a herd of buffalo, in a flock of birds, a colony of polyps or corals, etc., etc.

Deny—nay, ridicule—organization, giving the most preposterous reasons and solid-brass-brain conservative excuses! Saint Peter—Lord-chancellor of Heaven! Am I living in the Twentieth Century or in the Stone age, among the cave-dwellers? Why, even the cave-dwellers had to organize in order to fight the Mammoth, the Cave-Bear or the Dinosaur. Dentists of Greater New York, must we furnish proofs of the benefit of organization? The teacher of mathematics in my school, explaining the axioms in geometry, used to tell us an anecdote about a boy who demanded a positive proof that a straight line is the shortest distance between two points.

"His teacher," he said, "took him out for a walk and, while passing a farmer's vegetable garden, they saw a cow in it, feasting on cabbage heads and trampling the noble plant under its feet. They quickly ran into the garden and gave the cow a chase and—oh, wonder!—instead of running along the path between the high beds of vegetable—a much easier and smoother thoroughfare—she ran right over the beds, where running is so difficult, but she made a short cut to the broken part of the fence, through which she had entered, gaining in time what she had lost in exertion. "The cow," said the teacher with a smile, "didn't study geometry and yet, even she, knows that a straight line is the shortest

distance between two points." The writer personally is ashamed that he is called upon to prove an axiom—to prove that organization is a blessing. Suffice it to say that the most successful enterprises are those that are best organized. Your protest against injustice will be heeded; your demand for more adequate legislation will be considered; your schemes of reform and improvement within the profession can be carried out; your prestige outside can be established; all that can be done, providing you are organized and can be done with ease that is in proportion to the strength and completeness of your organization.

And now that you know what organization is, join a Dental Society, and if you do, join the one that is more nearly related to you, one that works for your interests and fights your battles—join one of the constituent societies of the Allied Dental Council of Greater New York! "But," some will argue, "why join the new Dental organizations when we have the old district divisions of the State Dental Society?" And here where we come to the main issue.

My dear friends, in the first place you don't join the S. D. S. either, for out of 5000 dentists in Greater New York less than one thousand are members of the S. D. S. (I don't know how many are of good standing.)

Well and good, join the State Dental Societies, join any organization of Dentists you please, and thither we shall carry our arena of activity, our propaganda of reform, our struggle for uplifting the profession and maintenance of its rights.

But you don't join the S. D. S., and here is a striking paradox: While you look up to the members of the S. D. S. as your superiors in skill, in technique and in knowledge, which they are not; while you consider it an honor to belong to the S. D. S., you nevertheless do not strive to attain the honor, why? I'll tell you why: Because you are not wanted there and because you don't want to be there.

You are accepted there as a necessary evil, and you don't want to be there because you consider it an unnecessary evil. You are looked down upon as commercializers, degraders and polluters of the profession, which you are not and you know you are not.

If you are commercializers of the profession to a certain extent it is because you are placed in such conditions where you cannot help being so—conditions in which a so-called "ethical" dentist could not have done any better—couldn't have done as good.

But you are not degraders and polluters of the profession; nay, on the contrary, you do proportionally ten times as much for your patient for each dollar you receive than the "ethical" dentist does for his patient. It is true that there are some "lie" among you that are a disgrace to the flock, but you find them in every flock and surely the S. D. S. flock is not an exception to the rule.

It is an undebatable fact that the great majority of East Side Dentists do their work carefully and conscientiously in spite of the seeming impossibility of doing so. They are overworked and underpaid, and yet they maintain a comparatively clean office and do comparatively good work; at any rate, the best that can be done under the circumstances—something which, I sincerely believe, our aristocratic brother couldn't have done under similar circumstances.

The ability of the East Side Dentist is miraculous; his filling may not be perfectly contoured, his crown may not be beautifully shaped out, but I challenge any one to do half as good, being obliged to treat from thirty to fifty, and often even more, patients per day. The parts of work that are of vital importance are never done in a perfunctory manner, and if anything is sacrificed, it is the beauty, the nice finish that is the popular scape-goat of the East Side.

I have seen a rubber denture put into the patient's mouth, the finish of which was not carried beyond sandpapering or smoothing it somewhat with pumice stone, neither were the teeth well selected with regard to temperament, but it had a perfect fit and correct bite. On the other hand I have treated a patient, who wore a small bridge, which was more fit for a museum than for the patient's mouth. It consisted of two caps and two facings—the former were bent and distorted (the denture was four months old) and didn't cover more than two-thirds of the tooth—the latter were cracked in several places and the broken part of one facing was replaced by white gutta-percha. It has not been polished, for such an attempt would have been futile, as it was full of deep furrows, pits and crevices, the backing of one facing was immodestly uncovered to the merciless view of the beholder, while that of the other had enough solder on it to solder three facings of that size with ease. And this bridge was made by an "ethical" man, who does not receive, on the average, more than five patients a day, who charges a pretty high fee for his services and is a prominent member of our aristocratic institution. This shows that the position of the "ethical dentist" is unduly enhanced, while that of the "unethical" man is unduly underrated.

Some of you may know this, others do not, but you all feel it instinctively, and this instinctive feeling is the cause of your estrangement from the S. D. S., the cause of your holding aloof. This instinctive feeling is the father of the "Independent Dental Societies." You feel instinctively that you need the Dental Society for a different purpose than that for which the S. D. S. was created and is existing; you expect from the Dental Society not what they expect from it; your interests are entirely at variance. You need the Dental Society for maintaining the right, elevating the standard and improving the conditions of your profession. Their rights are not encroached upon, their standard is sufficiently high, nor are their conditions in need of amelioration. You need the Dental Society to fight your battles; they need it for reading their scientific papers to.

The S. D. S. has not done and will not do anything for you, for its principles, its very nature, precludes the possibility of it.

What has it done for you—for any dentist—in all the years of its existence? Can any one point out to me any important and useful achievement of the N. Y. S. D. S.? And while you are busy searching the records to find what the S. D. S. has done for the Dental profession as such, I will endeavor to show you what the S. D. S. has not done for your profession.

For years the East Side Dentist is struggling against illegal practice and not only has the S. D. S. not done anything for you, but it served as an impediment in administration of justice, nay, more than that; in many

cases it actually sided with the criminal and was often instrumental in "dismissing" of the case or the "honorable discharge" of an illegal practitioner, who was known in the neighborhood for years as one who practices dentistry and against whom all the evidence in the world were obtained.

There is an illegal practitioner on the East Side, whom his neighbors, the legal men, are trying to prosecute in vain for over two years and who somehow gets out of trouble every time, in spite of the fact that sufficient evidence to convict him is presented every time and every time the plaintiff received abuses and insinuations at the hands of the attorney for the S. D. S.

What is it, incompetence or indifference? It is both and something else in addition.

In a recent letter to a friend of mine Mr. Purrington—the attorney for the S. D. S.—besides the usual abuses and insinuations, expresses his opinion that he does not think much of all these accusations and persecutions of the illegal practitioners, and that he is not surprised that the cases against them are dismissed.

Are you surprised at all this? I am not. Mr. Purrington, as well as anybody else in a similar position, simply voices the sentiment of his employers. They, too, don't give much weight to all these so-called persecutions, for they are not affected by the illegal practice, but for you, whose patients don't travel in automobiles and don't pay you fancy fees for your services, this illegal practice is the most malignant, the most pernicious social growth, the greatest bane to the profession. I have spoken enough about this imposition in my previous articles. I have spoken enough about it to convince a Russian trooper. Suffice it to say here that had the S. D. S., with its privileged membership—the 400 of the Dental Profession—possessed as much foresight as they possess inactivity, barrenness and aristocratic feeling, they would have tried every possible means to quench the illegal practice, to nip it in the bud, for, pardon my prophecy, if this is not done, and done quickly, the Dental Profession will soon be a subject for the historian—a doleful yet sweet reminiscence, and if the ship goes down will the rigging remain afloat? Wouldn't the 400 suffer together with the 4000? The 400 may be immune from that disseminating disease of our profession, but is this immunity everlasting?

But if you insist on another example of the stagnant inactivity of the S. D. S. here is one: Has the S. D. S. uttered a whisper about the recently instituted, shameful cocaine law, when they ought to be the first to do so?

The insult was flung into their faces, as well as into ours, yet they remain as silent as a bushel of oysters and the battle of the whole profession is taken up by the vigorous champion for your interests—the A. D. C. G. N. Y.

Well, perhaps, this is not sufficiently convincing for you, we shall give you another one, which ought to be palpable for the most hardened tentacles. During the making up of the annual budget of this city in the Board of Estimates, all were represented but the Dentists. The S. D. S. was conspicuously absent on an occasion most vital to the profession, and a medical man (think of it) had the good grace to put in a plea for the

installation of eleven dental outfits in the largest schools, for dental treatment of the pupils. Contrast this with the activity of the infant, the Allied Dental Council of G. N. Y., who had long before that persuaded the city to install such outfits in several schools. Contrast the activity of the slumbering frog in a stagnant pool with the live-wire activity of the King County Dental Society (one of the constituent societies of the Allied Dental Council) who by their untiring efforts had installed a dental outfit in school No. 109 by actually raising the necessary amount of money from contributions and from their own pockets and had twenty dentists volunteer their services free while another school in Williamsburg will soon have a similar outfit by the efforts of the same society. Had I only the time and space I could have given you numerous instances of the total torpor of the S. D. S. and the live-wire animation of the A. D. C. G. N. Y. The cause of the latter's animation lies in the numerous vital issues that force themselves upon the minds of its constituents.

The stupor of the former is due to the total absence of issues of any kind. The S. D. S. has nothing to achieve; brimful with contentment and Arcadian bliss it rests snugly in the warm arms of Morpheus, with ethereal dreams hovering about it, and well they may. It is no use damming the water when there is no wheel to turn. They have no wheel that needs to be turned; it is you, who have a wheel to turn, then go right ahead and dam the water yourselves; don't wait for the S. D. S. to do your work. It will never be done in the first place, and if, by some biblical miracle, you succeed in persuading them to do anything for you, well, you may better engage an opera singer to scrub the floors of your office or the Secretary of State to sew buttons on your vest. I look at these things from the same standpoint as I look at the Government (pardon my Socialistic view): If you want your Government to serve your interests, be the government yourself, i. e., send your own men to the Legislature and to the public offices.

One may infer from the foregoing that I am opposed, tooth and nail, to the S. D. S., but this is not the case—far from it—let the S. D. S. awaken from the lethargy and discharge the duty, which lies upon it as a Dental Society, and my heart and soul will be with them. I repeat what I have said before: Join the S. D. S. and we shall carry the arena of our activity thither; we can feel just as cozy there as anywhere else, for in that event we would not find ourselves in an exclusive or select set, but on the contrary, we would find ourselves in very congenial society; join the S. D. S. and by your overwhelming numbers and preponderance of power mould the organization to suit your needs, arouse it from its slumber and set to work with assiduity.

But you don't go there and, what is most certain, you never will. And here stands before you a newly-born organization—the offspring of the awakening conscience of the profession, an infant, who in the first few months of its life has done more for you than the N. Y. S. D. S. has ever done in all the years of its existence; an organization with open arms, outstretched to you—arms of welcome and brotherly love—an organization, whose wide-open gate bears the inscription "Be thyself" and whose wide-open door bears the inscription, "Welcome."

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EDITORIAL DEPARTMENT

REAL DENTAL JOURNALS.

In last month's "Progressive Dentist" there appeared a few words on the topic of dental journals. We would have liked to have said more therefore add to our previous remarks the following:

Any journal that wishes to make a success must primarily have unselfish interests at heart. Financial return, if there be any, should be of secondary importance. Its interest must be the interest of the class it is supposed to represent; in this case, the Dental Profession. Its purpose, the betterment and uplifting of the profession; its work, the spreading broadcast of new and accepted knowledge of dentistry; the propagation of its ethical standard; the discussion of topics of dental interest; the advertising of pure materials and of proved value to the science of dentistry.

Its one and only reward should be the pleasure and satisfaction derived from the knowledge that it has in its measure accomplished something beneficial for mankind in general, or for the community or class in particular. That pleasure can only be experienced when its aims are accomplished, its work spirited and thoroughly done.

Editorially it must be entirely unbiased in opinion, depending for its policy not on the advertising program of any dental concern or its financial interest, nor yet on the private opinion of its editor, but only on the public opinion of the profession in general; it must be the organ of the profession and base its policy only on our objective conceptions of right and wrong.

This, the Progressive Dentist has done. In its policy, Socialistic as it is, the Progressive Dentist has shown that the dental profession needs

reforms, outside of, and within itself; it has advocated such reforms; fought for them, and succeeded in establishing some of them, and is continuing to fight to establish all of them. We will call your attention to: (1) **The Dental Parlor and Illegal Practice Question.** Numerous laws have been brought before the Legislature, but have proved defective. We have hope that one good law will be enacted and enforced, through our activity in pointing out the evil; in our recommendation of a reform measure and our agitation for its enactment.

(2) **The Socializing of Dentistry.** A great deal through our efforts, we have 11 dentists appointed to our public schools. This is **Socialism.**

(3) **The Need and Organization of Progressive Dental Societies.** As a direct result of the efforts of our former business manager, Dr. M. S. Calman and our editor, Dr. L. Rice, we have existing today that most excellent union, the Federation of the Eastern, the Harlem, and the Kings County Dental Societies, the "**Allied Dental Council of Greater New York.**" This council has already done good and lasting work. We have mentioned only a few and prominent results of our efforts. Numerous and varied were our other activities.

We deplore the fact that many of our contemporaries only as a matter of duty, brought the attention of the dental public to certain prevalent evils. The editors or publishers of these magazines are not affected by them, consequently they could not luggage in war, far against them. Again these journals being published by dental manufacturing concerns (there is reason to believe) they are interested more in advertising their goods and increasing their business than in being on the lookout for the welfare of the profession.

Such journalism we believe can not last long. It is bound to give way to that published by associations of professionals, be they physicians, dentists, lawyers, etc. We note that one of these periodicals, (published by a dental supply house) has already changed from a monthly to a quarterly, and the others are sure to follow suit. It pays them better to advertise their goods, through pamphlets, circulars, and catalogues directly to the profession than to pay very large salaries to men of reputable standing in the profession for their editorial and business services.

Not that we wish them ill; on the contrary, they are better than none; but we are optimistic and confident enough to feel that the profession is and will ever be capable of taking care of its own interests and welfare.

So much for our aim, work and policy, a word concerning our advertisements. None is accepted save those among drugs, whose efficiency has been tried and found satisfactory; none among materials save those whose pureness and durability and texture has received the recommendation of noted members of the profession; none among new methods, inventions save those whose efficiency and claims have been tested and found true.

The Progressive Dentist has a new program more full and more broad for the coming year. It points to its lofty aims and good work as points to induce you to continued patronage for the coming year.

The Staff wishes you a merry holiday and a happy and successful New Year.—J. G.

TUBERCULOSIS OF THE LARYNX.

By ALBERT BARDES, M. D.

(Continued from last issue.)

This in spite of the fact that no other disease of the larynx presents so many variations from what may be considered the typical form, as tuberculosis of the larynx. When the disease has reached this stage the membrane assumes an ashy pallor which is in keeping with the general anemic appearance of the individual, and signifies the destruction of the red blood corpuscles. The landmarks of the larynx are obscured by edematous swellings. The normal prominences of the arytenoids are effaced by pyriform infiltrations and the epiglottis is swollen and turban shaped. Looking beyond the upper boundary of the larynx we see the soggy interior. We notice that the cords do not meet in phonation and that an abundance of thick mucus is present. Careful examination will generally reveal an ulcer, more or less extensive, either upon one of the vocal cords or in the posterior commissure. The ulcer is usually much larger than it appears to be in the mirror. It is irregular in outline, of a dirty unhealthy color and covered with a yellow exudate. The presence of numerous pale frog spawn granulations attest that attempts at reconstruction have been made. These granulations are at times so abundant as to materially lessen the caliber of the larynx and make breathing difficult. Occasionally a larynx is seen in which the disease is confined to one side for a year or more before the entire organ becomes infiltrated. As long as the tubercular disease is confined to the interior of the larynx its progress is slow and comparatively little suffering is experienced, but as soon as the disease extends to the epiglottis or to other extralaryngeal parts, its course is rapid. In general terms the nearer a tuberculous lesion gets to the mouth the more rapidly fatal it becomes. The moment dysphagia is added to the patient's suffering the prognosis becomes bad.

Incipient tuberculosis of the larynx is more frequently encountered than we think, but if rightfully treated, the chances of recovery are good. The fact must be recognized that the laryngeal lesion is generally but a phase of a general constitutional dyscrasia which is best combated by fresh air, hygienic surroundings and good nourishment. Rich oxygenated blood is the most efficient destroyer of tubercle bacilli. From the knowledge that most throat disorders have their beginning in the nose, it is the part of wisdom to establish normal nasal respiration before doing anything else. The removal of diseased tonsils in these cases is also helpful if they appear to irritate the throat. Comparatively few physicians when they send tuberculous patients to the mountains, examine their nostrils to see if they can obtain the benefit of the air by natural breathing.

It is the practice of many physicians, when a patient complains of symptoms of commencing laryngeal tuberculosis, to prescribe a sedative cough mixture, instead of probing into the cause of the symptoms.

(To be continued.)

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES.

The Senior class of the New York College of Denistry will hold a dance at Carlton Hall, 106 W. 127th Street on Friday evening, December 19th. Come and spend a pleasant evening with us.

The Fifth Annual Convention of the Intercollegiate Socialtsi Society will be held at Miss Stokes' Studio, 90 Grove Street, on Monday, Tuesday and Wednesday, December 29th, 30th and 31st, 1913. The convention promises to be an inspiration to all attending, and no member of the N. Y. Dentists Chapter, who can possibly be present, should fail to pay it a visit.

On Tuesday at 2:30 P. M., a Question Box Session will be conducted at the Rand School of Social Science, 140 E. 19th Street. Writers of prominence in the Socialist movement, such as Wm. English Walling, Jessie W. Hughan and Robert W. Bruere, will answer the delegates' questions on various phases of Socialism. As at former conventions, questions will undoubtedly be submitted by the delegates from the foremost colleges of this country. This session will be thought stimulating, and we would urge N. Y. C. D. students to attend, at least as many as can possibly spare the time to do so.

The elected president of the class of 1914, Benjamin Kleinberg, M. D., has resigned, and according to the law of succession, the vice-president, Mr. Emanuel Weitman, has taken his place. "Doc" Weitman, as many of us prefer to call him, has been one of the most popular candidates on the class ticket. He polled the largest vote on the day of the class election. It is a pleasant surprise to his many friends that he should become *de facto* leader of the class. In passing, be it mentioned that "Doc" Weitman is one of the most hard-working members of Dr. Schweitzer's Dental Manikin Head Clinic. ~~From what is~~ organizing and placing this clinic on a working basis. We wish him a pleasant and successful reign as the ruler (?) of the class of 1914.

A. SPECTATOR, '14.

JUNIOR NOTES.

The Junior class of the N. Y. C. D. is the largest and most active class of its predecessors in the history of the college.

The officers of the class are: President, J. Grossman; Vice-President, Samuel D. Hartstein, Treasurer, N. Ettinger; Secretary, Samuel S. Hoch; Marshall, Mervin Meyrowitz; Class Crier, Bergida, Sargent-at-Arms, I. Landan.

On December 12th the class held a "smoker" at Pabst's, which was a success in every sense of the word.

FRESHMEN NOTES.

The Freshman class is probably the largest dental class of any time, the number of students being 305. The following are the officers of the class: President, A. Grossman; Vice-President, M. Gray; Treasurer, S. Sohn; Secretary, B. Handler; Marshall, H. Marshal; Class Crier, L. Stollman; Sargent-at-Arms, N. Basset.

On February 6th the class will have a dance at Carlton Hall, 108 W. 127th Street. In general, the class of 1916 makes a good impression and is very promising.

C. D. O. S. N. Y. NOTES.

The dedication of the new building of the College of Dental and Oral Surgery of New York was held on Wednesday evening, December 3rd, in the Amphitheatre. The program for the evening was as follows:

THE PROGRAM.

OVERTURE, "Maritana"	- - - - -	Wallace
AISHA	- - - - -	Lindsey
MARCH		
INVOCATION		
	Rev. HENRY EVERTSON COBB, D. D., Chaplain	
SONGE D'AUTOMNE	- - - - -	Joyce
	Presentation of the Keys of the Building by the Chairman of the Building Committee to the President of the Board of Trustees and by him to the Dean of the Faculty.	
UN PEU D'AMOUR	- - - - -	Anesco
ADDRESS		
	Hon. ARDOLPH L. KLINE, Mayor of the City of New York	
PARADE OF THE TIN SOLDIER	- - - - -	Jessel
ADDRESS		
	Hon. GEORGE McANENY, President of the Borough of Manhattan	
SELECTION, "The Firefly"	- - - - -	Friml
ADDRESS		
	Hon. JOHN HUSTON FINLEY, Commissioner of Education New York State Department of Education	
LA FERIA	- - - - -	Lacome
HISTORY OF THE COLLEGE		
	WILLIAM A. PURRINGTON, Esq.	
SELECTION, "College Songs"	- - - - -	Suppé
ADDRESS		
	B. HOLLY SMITH, M. D., D.D.S., of the Faculty of the Baltimore College of Dental Surgery	
HUNGARIAN RAG	- - - - -	Lanzberg
ADDRESS		
	JOHN WINTERS BRANNAN, M. D., President of the Board of Directors of Bellevue and Allied Hospitals	
BARCAROLLE, "Tales of Hoffman"	- - - - -	Offenbach

(Program Continued.)

DEDICATION

DEAN WILLIAM CARR, A. M., M. D., D.D.S.

BENEDICTION

Rev. HENRY EVERTSON COBB, D. D., Chaplain

AMERICAN PATROL

S. ELIN, Musical Director

Meacham

The audience consisted of the Alumni, friends of the faculty interested in the college and students.

THE ACTION OF CANNABIS INDICA ON THE SYSTEM.

By BENJAMIN QUEEN, Ph. G. 1915, Junior Student C. D. O. S. N. Y.

Among the many drugs we come across in the study of *Materia Medica* there is one specimen that has such remarkable effect on the system, that I think it would be interesting to give a description to the readers of this magazine. This drug is *Cannabis Indica* or more commonly known as Hashish and is generally cultivated in Asia, Northern India, Europe and the United States. *Cannabis* is often prescribed by physicians with very good results, as an antispasmodic, as an anodyne, and for persons who are in the habit of taking such drugs as morphine, chloral and cocaine. It takes the place of these drugs and helps to cure the patient of the habit. One taking a dose of Hashish will find to his astonishment that he will suddenly begin to laugh without any call whatever, other hallucinations will follow. The writer experienced similar hallucinations while a student of pharmacy, having received the drug from his professor to be taken home for examination. Everything in the vicinity of the person taking the drug will appear very comical, should he look at a clock in the room it will appear to wink at him, the table will dance, you wish to board a train it will appear to you as if you are being lifted up and placed upon it. Time will go slowly a minute will seem an hour to you, yet you will be so happy and restful that you will want to continue in that state forever. You will also imagine you are very rich, and continually dancing or that you are flying through space like a bird. Down in Africa if you enter a Moorish cafe and ask for the drug the employe will give you two very small black sticks. These he breaks up into fragrance which he mixes with some Turkish tobacco and packs the mixture into a pipe which rests upon the floor. He then adjusts to the pipe a narrow tube which connects with a copper ball, half full of water, and from which runs another tube being the stem of the pipe. He then lights the pipe and hands it to you. You drink a cup of coffee and leave the cafe. After a while you wish to pay a visit to some friends, and you will seem to recognize people you have never seen before. Your speech will be in the form of orations. Should you care to take a short nap you will not be able to fall asleep, but instead, your mind will become very active, you will start to reason with yourself like a philosopher and everything else will appear to you as previously described. Your reasoning will always conclude satisfactory to yourself, leaving you in a very happy state. No bad thoughts will enter into your mind, but you will have gentle emotions; should you be in debt, the debt will be cancelled, and if your aim in life is to gain some end, you will always gain it at

once. I might add some more to this description, but what I have written is quite sufficient to give the reader an idea of the action of Cannabis of Hashis in small doses it is not dangerous and is worth while trying as an experiment. In large doses, however, it is poisonous.

ACHING TEETH AND MENTAL RESERVE.

By ELBERT HUBBARD.

(The literary people are with the dental profession. They appreciate our services, as here indicated.—Editor).

Decayed politics are bad; decayed literature is worse; and to love a person with decay in his mouth would be like loving a mummy with tainted morals.

Aside from the aesthetics of bad teeth, there is the esoterics, and worse than that is the hyperesthesia, which leads to language non-ethical, offensive, irrelevant and uncalled for.

A very slight irritation in the teeth throws the soul on the horn of the saddle. To be sane and serene you have to be sound and salient.

We do business on a mighty small spiritual bank balance. To carry no reserve is like firing a boiler in which the guages show no water. In fact, it means very great danger of an explosion—and the grave necessity of being sent to the hospital and having the stub end of your self-respect removed.

An aching tooth or a tooth of which you are conscious draws mightily on your mental reserve. Morphine, or a dap of cotton soaked in choloroform, will help you forget it, but these things are drafts on the bank or futurity and the loan must be met with insurious interest.

Seldom does a man with a toothache make good. To have cavities in your teeth and not know it is worse than to have the toothache, since pain is nature's beneficent warning. So to have decayed teeth and never have a toothache, would mean lack of sensibility, which is lack of life. Such a one hasn't enough nerves to make him irritable, much less to give him artistic grouch.

Is oratory a matter of toothsome-ness? Most certainly, yes. The greatest orator that New York has ever produced was thrown from his artistic hobby horse once and forever when his store teeth, at a political meeting, in an impassioned moment, shot over the footlights and fell with a sickening thud into the orchestra. I once saw a man singing the part of Tannhaeuser do a similar stunt. Get this down as an axiom: To speak well, or sing well, you must have good teeth. The teeth are organs of speech—auxiliary organs, at least. When your voice whistles through your teeth and the tones come wheezy and with a sort of sad surprise, there are soon bubbles in your think tank, and you travel home on your rim.—American Dental Journal.

DENTAL SOCIETY NEWS.

HARLEM DENTAL SOCIETY—Meets the fourth Thursday of each month at Fraternity Building, 67 West 125th St.

Dr. W. S. ENGELBERG, Sec'y, 2400 Seventh Ave., New York.

EASTERN DENTAL SOCIETY—Meets the first Thursday of each month at Cafe Boulevard, 156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y, 330 E. 4th St., New York.

KINGS COUNTY DENTAL SOCIETY—Meets the second Thursday of each month at Masonic Temple, Claremont Ave. near Lafayette Ave.

Dr. S. H. FILLER, Sec'y, 220 Stockton St., Brooklyn, N. Y.

HARLEM DENTAL SOCIETY NOTES.

An active business meeting of the Harlem Dental Society took place on Wednesday evening, November 26, 1913, at 9 o'clock, instead of Thursday, November 27th, owing to the occurrence of our National holiday on that date.

The meeting was promptly opened by the President, Dr. John L. Kaufman, at 9:45 P. M. Secretary Dr. Engelberg read the minutes of the previous meeting, which were adopted as corrected.

Before proceeding to nominations of candidates for offices, the Chairman called for a vote on the two newly proposed members, Dr. Louis Friedman, 101 West 141st Street, and Dr. Carl Needles, 707 St. Nicholas Avenue, New York City. The proposed were duly elected as members.

Nominations for officers was next in order. The Secretary was asked to read the article in the Society constitution dealing with eligibility for office. For the office of President the following doctors were nominated: Dr. Ortman, by Dr. Calman; Dr. Green, declined; Dr. Rosalsky, Dr. Schneiderman. Motion was duly made, seconded and carried to close nominations.

For Vice-President: Dr. Lipshitz, declined; Dr. Green. Nomination duly closed.

For Recording Secretary: Nominations were preceded by a speech on the part of a member who drew attention to the necessity for high degree of efficiency in that office and proceeded to nominate Dr. Calman, who, however, declined. Other nominees: Dr. Rosalsky, who also declined, and then Dr. Engelberg nominated by Dr. Calman.

For Financial Secretary, the following: Dr. Lipshitz, Dr. Rosalsky, declined, Dr. Wallach declined, Dr. Heller.

For Treasurer: Dr. Heller, Dr. Lang.

For Membership on the Executive Committee: Dr. Rosalsky made a motion that a committee be appointed to select the best men for the office from the various volunteers. Dr. Calman called the motion out of order. The Chairman sustained him on his point. Drs. Rosalsky,

Ortman, Lifshitz, Mayer, Kaufman, Freidland, Strauss, Sheinman, Gluck, Calman, Aronstein declined, Rafkin, Berlin, Getzhoff. Election was deferred to the next regular meeting.

The Program consisted of the presentation of a few interesting cases and specimens, followed by the main feature of the evening, a lecture illustrated by lantern slides upon the subject of "Minor Oral Surgery," by Wm. J. Lederer, D.D.S. It was well rendered, interesting and entertaining. Discussion upon the paper was opened by Drs. M. Friedland and Maurice Green. It was throughout vivacious and sustained. (Elsewhere in this issue will be found the lecture and extracts from the discussion.)

The meeting was closed after an active and instructive session at 12 P. M. It was held at the Society's new quarters, The Fraternity Building, 67-69 West 125th Street near Lenox Avenue, City.

Members are urged to bear in mind the need for increase in the membership roll. The Membership Committee will appreciate activity in this line, and feel that an effort on the part of each member to add at least one new name within the next two months would be of great service to the Society.

EASTERN DENTAL SOCIETY NOTES.

An absorbingly interesting meeting of the Eastern Dental Society of the City of New York took place Thursday evening, December 4, 1913, at 9 P. M. sharp at the Cafe Boulevard, 156 Second Avenue, City.

Owing to the short time available, the meeting proceeded to engage itself in the main feature of the evening, an illustrated lecture on "The Surgical Extraction of Teeth, employing Analgesia as a substitute for general Anaesthesia in the liberation of difficult impactions." F. K. Ream, M. D., D.D.S., was the distinguished lecturer, and his paper proved most instructive and enjoyable. He was assisted by Dr. Boyd S. Gardner. Following the delivery, the paper was ably discussed by James F. Hasbrouk, M. D., Maurice Green, D.D.S., and William T. Lederer, D.D.S.

(In a later issue of the *Progressive Dentist* there will be published the abovementioned lecture and extracts from the discussion which followed.)

Dr. Schweitzer's class in Anatomical Articulation has held its first session on Tuesday, December 2, 1913, at 9 P. M., in the New York College of Dentistry.

POSTGRADUATE NOTICE.

All arrangements have been made for practical work and demonstration in crown and bridge work. For particulars apply to Secretary of the Eastern Dental Society. A. Le Witter, D.D.S., 330 E. 4th Street, New York City.

The following have applied for membership to the Eastern Dental Society, and have been approved of by the Committee: Dr. Zachary Blum, 359 Grand Street; Dr. Oscar Erdreich, 48 East Third Street; Dr. J. Herschkowitz, 394 East Eight Street; Dr. David Mainwald, 127 Ludlow Street; Dr. Herman Mainwald, 132 Eldridge Street; Dr. William Reisner, 39 Ludlow Street.

The meeting was duly adjourned at 12 P. M.

KINGS COUNTY DENTAL SOCIETY NEWS.

A regular meeting of the Kings County Dental Society was held on Thursday evening, December 11, 1913, at 8:30 p. m., at our quarters, Masonic Temple, Lafayette and Clermont Avenues.

Dr. M. H. Cryer, Professor of Oral Surgery, at the University of Pennsylvania was the speaker of the evening. Subject: "Obscure Cases Met With by the General Practitioner—Their Diagnosis and Treatment." Illustrated with lantern slides.

The discussion was to opened by Dr. Faneuil D. Weisse, Professor of Anatomy, Oral Surgery and Pathology, at New York College of Dentistry, but was unable to appear so M. I. Schamberg, M. D., D.D.S., did justice to the paper.

NATIONAL DENTAL ASSOCIATION ADVANCES DATE OF 1914 MEETING ONE WEEK.

At the urgent request of the Local Committee of Arrangements at Rochester, the Trustees of the National Dental Association have advanced the date of the next meeting one week; therefore, the Eighteenth Annual Session will be held in Rochester, N. Y., July 7, 8, 9, 10, instead of July 14, 15, 16, 17, as originally selected. The officers, the local committee and all other committees are going to put forth every effort to make this meeting, which is the first under the reorganization, the best in the history of the association, and we feel confident that our increased membership and interest in our association will prove a decided advantage in many ways.

HOMER C. BROWN, President,
Columbus, Ohio.

OTTO U. KING, Gen. Sec'y,
Huntington, Ind.

BACK COPIES OF THE PROCEEDINGS OF THE NATIONAL DENTAL ASSOCIATION.

There are a few copies of the '07, '08, '09, '10 and '11, "Transactions of the National Dental Association" in the possession of Dr. Arthur Melendy. These copies, while they last, may be secured by libraries and other educational institutions and members of the N. D. A. by sending thirty cents per copy (to cover postage) to Dr. Arthur R. Melendy, Holston Bank Bldg., Knoxville, Tenn.

OTTO U. KING,, General Secretary,
Huntington, Ind.

INSTITUTE OF DENTAL PEDAGOGICS.

The next annual meeting of the Institute of Dental Pedagogics will be held in Buffalo, N. Y., January 27, 28, 29, 1914. The Executive Committee is planning to present an exceptionally interesting program, which no dental teacher can afford to miss.

J. F. BIDDLE, Secretary,
Pittsburgh, Pa.

NEW JERSEY BOARD OF EXAMINERS.

The New Jersey State Board of Dental Examiners held their regular annual meeting and examination in the Assembly Chamber of the State House at Trenton, N. J., December 1, 2 and 3, 1913.

After January 1, 1914, all applicants for a license to practice dentistry in New Jersey "shall present to said Board a certificate from the Superintendent of Public Instruction showing that before entering a dental college, he or she has obtained an academic education consisting of a four year's course of study in an approved high school (public or private), or the equivalent thereof." A bridge, consisting of three or more teeth, exclusive of abutments, and one Richmond Crown will be accepted as a practical test in prosthetic dentistry, in place of a full set of teeth soldered upon a gold or coin silver plate hitherto required.

Applications must be filed at least ten days prior to date set for examination. For farther particulars, apply to

ALPHONSO IRWIN, D.D.S., Secretary,
425 Cooper St., Camden, N. J.

DENTAL HINTS

Collecting Spilled Mercury.

Mercury that has been spilled on the instrument table or the floor can be collected conveniently by drawing a circle around it with a very wet sponge, as the pellets do not easily run over the wet circle.

An Aseptic Sterilizer for Burs, Broaches, Hypodermic Needles, Points, Etc.

First secure large glass cover such as used in railway eating houses to cover food, use large piece of plate glass on top of cabinet, small bowl of formaldehyde with small amount of borax (to prevent rust). A rack may be made of wire to place instruments, small wide-mouthed bottles (open) used for broaches, reamers, etc. In this we have an economical, tight, clean, serviceable sterilizer and it can be operated at small expense.—C. E. Berkshire, D.D.S., Fairview, Okla.

[In using formaldehyde in this form for sterilization of instruments, care should be exercised not to get the solution onto the hands, as an ugly form of poisoning has been known to result from frequent immersion in same. For the benefit of anyone receiving this warning too late or heeding it not, Dr. R. P. McGee has discovered that painting the hands with tincture of iodine will cure the peculiar lingering soreness resulting from this poisoning.]—"Dental Digest."

Disposing of Vulcanizer Steam.

It is often urged that the vulcanizer should be allowed to cool down gradually, and this advice is good, but it is difficult to follow in the great majority of cases owing to want of time. An easy method of disposing of the steam is to affix one end of a small length of flexible tubing to the blow-off tap and to put the other end in a pail of water. The result is no smell, no noise, no steam or moisture blown into the workshop, the vulcanizer is cooled down in a few minutes, and plaster of Paris and other stock are saved from the ill effects of dampness.—A. Ernest, "Ash's Monthly."

An Excellent Separating Fluid for Plate Casts.

To a six-ounce bottle add two teaspoonsful of dry shellac, one teaspoonful of borax, warm water until bottle is nearly full, then place bottle in warm water bath and gradually allow to boil, occasionally shaking bottle lightly. I have used same for the last twelve years with most excellent results.—Max Kerbel, D.D.S., Brooklyn, N. Y.—Dental Digest.

Bridge Repair, Quick, Without Removal.

A patient reported who had broken the central incisor from his bridge. His business engagements were such as to make it quite impossible to remove the bridge for repairs. I decided to use a Steel tooth and backing. With a carborundrum wheel I removed the pins of the broken tooth and enough of the gold to make room for the Steel backing. It was the work of but a few minutes to make a groove in the backing of the adjoining teeth and slide the Steel backing into the same. After shaping the new tooth, I proceeded to cement the tooth and backing into place. The whole operation took about fifteen to twenty minutes, and has proved satisfactory and permanent.—Dr. Wm. Lowenthal, South Orange, N. J., "Dental Digest" November, 1912.

To Prevent Irritation from Mouth Mirror.

When operating upon second or third molars, to prevent irritation from mouth mirror when corners of mouth are irritated or chapped, wind absorbent cotton around handle or mirror near glass, and moisten with antiseptic solution; or detach mirror from handle and slip on a piece of thick rubber tubing.—William I. Prime, D.D. S., Burlington, Vt.,—"Dental Digest."

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INTERCOLLEGIATE SOCIETY NEWS.

Dear Comrade Editor:—Kindly publish the following in your paper.

The greatest gathering of collegians interested in Socialism ever held in this country, will take place in New York City, Monday, Tuesday and Wednesday, December 29th, 30th and 31st, 1913, at the Fifth Annual Convention of the Intercollegiate Socialist Society. It is expected that delegates will be present from a large proportion of the more than sixty Chapters for the study of Socialism found in the principal colleges of the country as well as alumni from various graduate organizations. The meetings will be addressed by many Socialists of international reputation.

The principal event of the Convention will be the annual dinner to be held Tuesday night, December 30th, at Murray Hill Lyceum, 160 E. 34th Street. "Suffrage and Socialism" will be discussed from various standpoints. Morris Hillquit will give a glimpse of the battle waged by the European Socialists for manhood suffrage. Mrs. Harriott Stanton Blatch will tell of woman suffrage in this country; George Lansbury (probably), formerly a member of the British Parliament, will describe the struggle for woman suffrage abroad and Dr. W. E. B. Du Bois will explain the situation of the colored people in the South. Max Eastman will preside. A few short talks will also be given by undergraduate speakers, including Freda Kirchwey of Barnard and John Temple Graves, Jr., of Princeton.

The Convention proper will be opened Monday afternoon at 2:30, at Miss Stokes' Studio, 90 Grove Street, by Miss Mary R. Sanford, Chairman of the Convention Committee. J. G. Phelps Stokes, President of the Society, will preside, and Harry W. Laidler, Organizing Secretary, will read the report of progress. A reception to the visiting delegates will be held at the Finch School, 61 E. 77th Street, Monday night, and various members of the Executive Committee, including Mrs. Florence Kelley, Ellis O. Jones, Paul Kennaday, Dr. I. M. Rubinow, Upton Sinclair, Miss Helen Phelps Stokes and Bouck White will give five-minute talks. The business session for undergraduates will be concluded on Tuesday morning at Miss Stokes' Studio. At the Rand School of Social Science, 140 E. 19th Street, an interesting Question Box session on Socialism will be conducted on Tuesday afternoon. Jessie Wallace Hughan, author of "American Socialism of the Present Day," William English Walling, author of "Socialism As It Is," and Robert W. Bruere, writer, will answer the delegates' questions on Socialism and allied problems. The dinner will take place at 6:30 Tuesday evening.

The final session, Wednesday morning, at Miss Stokes' Studio, will be devoted to Alumni Chapter problems. The Society has increased steadily during the past year and anticipations are high for a most inspiring event.

Cordially yours,

W. LAIDLER,

Organizing Secretary.

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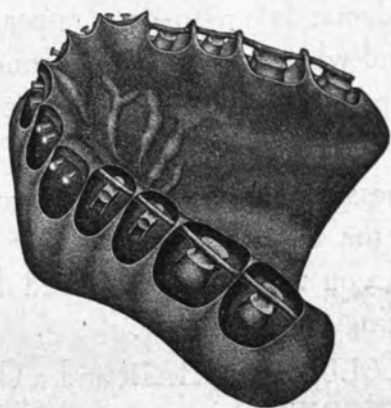
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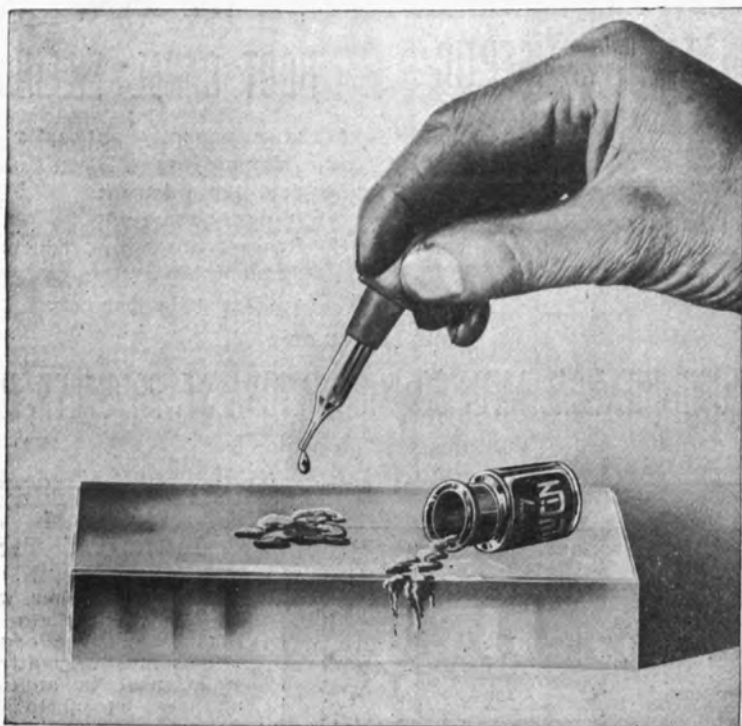
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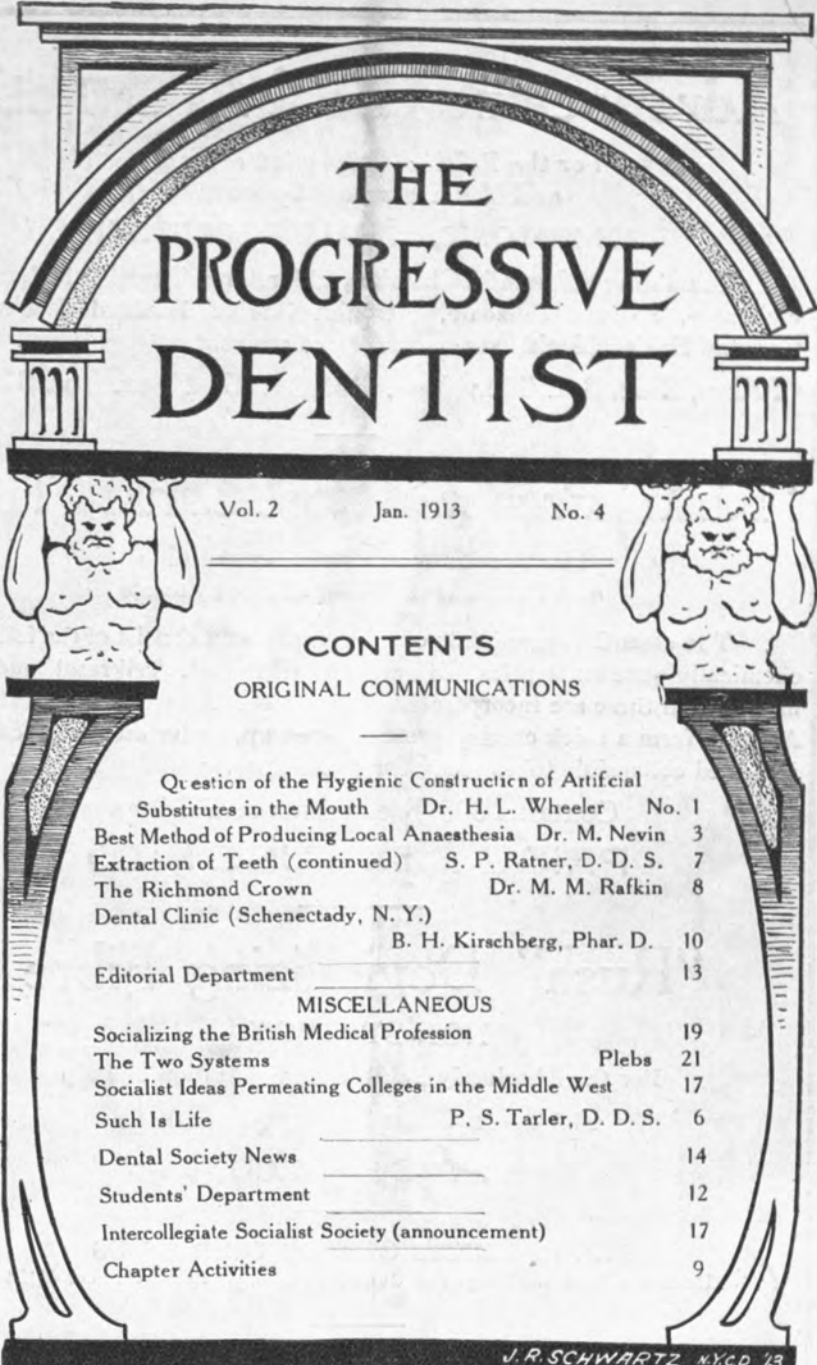
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THE PROGRESSIVE DENTIST

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No. 4

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The Progressive Dentist

Vol. 2

January 1913

No. 4

Question of the Hygienic Construction of Artificial Substitutes in the Mouth

By DR. HERBERT L. WHEELER,

PROFESSOR OF PROSTHETIC DENTISTRY, N. Y. COLLEGE OF DENTAL AND ORAL
SURGERY; PRESIDENT, FIRST DISTRICT DENTAL SOCIETY.

(Read before the Kings County Dental Society, December 12, 1912.)

The problem of hygiene in all of its relations to the life of the community, and the individual, is a question as old almost as life. Long before the race had risen to a point of intelligence, where this was a problem that impressed itself upon their primitive minds, it is probable that individuals living in caves, hollow trees, dug-outs and tents, thought of it in a hazy way. They doubtless refrained from throwing their offal in their water supply, and found means to protect themselves from the rigor and discomfort of the storm.

Thousands, possibly millions of years later, that successful agitator, Moses, wrote into his supposed sacred laws a large amount of health rules and hygienic instruction.

Up to the time of the late lamented Pasteur no one seems to have connected this question of disease, or lack of health, with a specific form of life micro-organism which exists all about us, even in the air we breathe and the water or other fluid we drink.

Only in the last decade has public opinion taken an interest in the subject, except in a few isolated cases. Now, not only is the composition of the materials we take into our body for nourishment receiving careful scrutiny from this same public, but its form, how prepared, how preserved, how handled, even how exhibited, whether protected from dust and kept at a proper temperature. In view of the interest excited by the problem of food preparation and preservation one does not have to possess extraordinary powers of prophecy to see that the condition and welfare are dependent upon the condition of the channels through which an otherwise clean food is introduced into the body. This leads to a problem of this nature: Shall the public, by the creation of expensive machinery and system, succeed in forcing food merchants to exhibit for sale nothing but microscopically clean products, only to have this splendid achievement entirely nullified by having the food infected as soon as it enters that vestibule of the body, the mouth.

Will filthy, unhygienic and infectious condition of the mouth and teeth be tolerated by a public that have gone to great trouble and expense to secure a hygienically produced food supply?

The question of clean teeth, more the question of mouths so kept, and teeth so placed, that they are easily kept clean and wholesome, is one which intelligent and cultivated people are now struggling, by every known means to bring about, and public leaders—and would-be public leaders—are striving to do the same for the less fortunate masses.

As yet the question of what constitutes a plate, crown, bridge, or any kind of artificial substitute for the teeth, that can be kept absolutely clean, is only being discussed by members of the dental and medical professions.

The public have not yet arrived, but they will, and when they do four-fifths of the plate and bridge work done to-day will be thrown away and its maker will be thrown over.

Take first the question of artificial vulcanite plates. How many men at the present time use care in selecting a good quality of rubber for making vulcanite? By good quality I mean fresh caoutchouc, and a minimum amount of organic material for coloring, and the proper amount of sulphur. How many know that practically *all* dental rubber vulcanized at 320° F. for fifty-five minutes, or one hour, will shrink so much that debris will accumulate between the teeth and rubber and decompose, making centers of infection? What particular variety of germ will locate there, and send out colonies to conquer surrounding territory, no one knows.

Take gold plates, where vulcanite attachments are used, the same applies.

In gold plates, where the teeth are backed and soldered, what do we find? How many spaces are left under improperly fitted backings? How many spaces where the teeth come in contact with the plate and where the teeth touch each other? You who have had experience know how often a plate must be boiled out in acid ere you can hold it before you long enough to examine it. How many infectious diseases has such a plate disseminated abroad over the mouth and throat of its wearer, and into his or her stomach or lungs?

Consider crowns of all descriptions, caps, gold, porcelain-faced or all porcelain. What occurs about overhanging edges or rims, of either caps or solid crowns? Why do the margins of the gums so often show irritation, inflammation or congestion over crowns? The reason is not far to seek. The accumulation of organic material forms a most fertile garden for the development of micro-organisms, and they do develop and produce local and general infections, often of a very serious nature. How long before the public will take notice of these facts?

The last I shall speak about is the "bete noir" of mouth hygiene, the dental bridge, fixed or removable. Here we have to confront, not only the question of shrinkage of materials, ill-fitting backings and facings, crowns or abutments that do not fit at all, air pits in the soldering, burned out and roughly repaired bands with the whole so related or adjusted to the abutments and surrounding soft tissues that the most gifted and able find it impossible to keep the case clean. Often in fixed bridges the trouble is intensified by the bridge being so placed that it causes an abrasion by mechanical pressure or roughness. These points are often especially susceptible to the infection which comes from the decomposition of retained food and organic material.

It would seem then that to make artificial cases, even moderately hygienic, it is necessary to consider the physical qualities of materials used, to have the mechanical work technically perfect, so that all spaces where food may accumulate shall be eliminated; also, which is more important than the previous, all plates, bridges and crowns should be so adjusted in their relation to the teeth and surrounding tissues that all may be kept clean, the case, the teeth, and the soft tissues, all so arranged that it lies in the power of the patient to secure perfect cleanliness all the time.

I have but touched upon the surface of this question, merely suggested the general points to be considered. There is more, much more, that can be said upon this problem, but I am sure I have suggested enough to cause us all to consider carefully the question of hygiene whenever we replace any part of the natural teeth with an artificial.

Best Method of Producing Local Anaesthesia

By DR. M. NEVIN.

The dentists of to-day differ mainly from their predecessors of the days gone by, by their application of painless methods in the practice of their profession.

From time immemorial any dental operation has been regarded with extreme fear and trepidation, and when we come to realize, that our field of work comprises the most sensitive portion of the delicate and intricate nervous system, namely the peripheral endings of the sensory filaments—such sentiments are fully justified. Just think of the removal of a broken down lower molar with firmly imbedded roots in the alveoli in the “pre-anæsthesia” times! Could anything be more torturous?

I remember, in the little town in Russia, where I was born, all the dental operations, consisting only of extraction of teeth, were performed at the local dispensary by a “felcher” or nurse. The screams of the unfortunate victims could be plainly heard throughout the entire town and were as familiar and suggestive of the extraction of a tooth to the minds of the inhabitants as the ringing of the bells would denote a fire or the shrill whistle of the policeman the drunken brawl of a rowdy. The patient was securely tied to the chair during the operation to prevent escape before the murder was accomplished, and it was also found necessary to nail the chair to the floor, for once, an unfortunate, finding that the excruciating pain was beyond his power of endurance, carried away the chair and all in his precipitate retreat from the chamber of torture.

Of course, modern dentistry, with asepsis and anæsthesia developed almost to their highest point of perfections and with all kinds of ingenious methods and instruments, make the dental operations almost painless, but the dread implanted in the human minds for centuries past by the barbers and charlatans, who practised our profession, still exists, and it will take some time before it will be completely eradicated. The elimination of pain during dental operations by means of anesthetics will eventually accomplish the desired results.

Anaesthesia.

The term anæsthesia means the deprivation of all sensation by artificial means. Anæsthesia is divided into two classes (a) local anæsthesia and (b) general. When the absence of sensation is produced by artificially inhibiting the sensory nerve fibres at their central end organs in the brain, it is termed “general anæsthesia,” but when the peripheral end organs are inhibited in the tissues, it is termed “local anæsthesia.” The wide scope of the subject and also lack of time will prevent me from entering into discussion of both methods of anæsthesia and I will therefore take the one most important to the dentist, and that is local anæsthesia.

Local Anaesthesia

It has long been a dream of the foremost men of the medical and dental professions to devise some method by which the elimination of pain during a surgical operation would be possible. Numerous were the medicaments and the methods advocated at different periods for the painless extraction of teeth. Some of them were in vogue for some time while others fell into disrepute as soon as applied in practice. While local anæsthesia was still

in the empirical stage, the application of an electric current to the forceps for painless extraction was advocated in 1858, and I understand that appliances of that sort are still for sale at some dental depots. Various narcotics and analgesics which were employed internally were utilized as local applications. In 1853 Dr. Alexander Wood introduced hypodermic injection as a method of producing local anæsthesia, but it remained for Dr. Köler, of Vienna, in 1884, to put this method to practical application by introducing cocaine for hypodermic injection.

Cocain

Since then cocain has been universally adopted by dentists for inducing local anæsthesia. But while cocain is recognized as a powerful local anæsthetic and as such works admirably for the purpose of painless extraction of teeth by paralyzing the sensory nerve filaments of the injected area, the after-effects produced by this alkaloid must be taken into consideration. No doubt, every one of you gentlemen has had extensive personal experience with this drug. If you do not prepare your own anæsthetic, you are utilizing some of the numerous proprietary anæsthetics on the market, all of which invariably contain cocain. You therefore must coincide with me when I make the conservative statement that 75% of the extractions of teeth after cocain injections are followed by some unpleasant results. There may be just a superficial inflammation with pain for a day or two, or the inflammation is of a severe character terminating in sloughing, pus formation, necrosis of the alveoli and even parts of the maxillary bones. Many have ascribed these unpleasant consequences to lack of antiseptic precautions. I will admit that sepsis plays an important part in it, but most of the proprietary anæsthetics are, or claim to be, antiseptic. You may make your own solution antiseptic, you may perfectly sterilize your hypodermic needle and still you will not escape the unpleasant sequelæ. A patient comes into your office with an aching root or tooth condemned to the forceps. His idea is that by removal of the offending organ the pain will subside. But what is the result? Instead of relief, the inflammatory process has increased trifold and the patient may suffer excruciating pains lasting from a day to two weeks.

The exact physiological action of an anæsthetic upon the tissues is yet a matter of conjecture. However, this much is known, that they paralyze the functional activity of the protoplasm of certain cells, especially the cells of the sensory nerve filaments, thereby annihilating pain. Cocain also produces local anæmia or ischæmia by paralyzing the vaso motor nerve, thereby depriving the injected area of its blood supply. If this condition is kept up for a certain length of time the affected tissue dies before circulation is restored to its normal state and sloughing results. With the dead tissues sloughed away at the line of demarcation, especially in cases of severe traumatism in the extraction of a tooth, the process is exposed causing severe pain and finally necrosis with the formation of a sequestrum. Besides, cocaine being a powerful alkaloid exerts certain detrimental influences upon the tissues, the nature of which is not quite known to pharmacology. For these reasons cocain has been condemned by many authorities for extraction of teeth. I will hereby quote an extract from an exposition on the evil effect of cocain by Dr. James Truman, Professor of dental pathology, materia medica and therapeutics at the University of Pennsylvania, written upon the request of Dr. Thomas and appearing in the "Dental Cosmos" for June, 1909:

"It is now twenty-five years since this agent was introduced as an analgesic, and in that time a vast amount of knowledge has been collated that should have had its effects in diminishing at least the serious toxic results familiar to all intelligent observers. There has been a general disposition to ascribe the unpleasant sequelæ, the result of hypodermic injections of cocain, to the imperfect sterilization of the needle. That this may be in part the cause is more than probable, but that it explains the necrosis of the alveolar process and the severe post-operative pains upon extraction of teeth cannot be accepted. Cocain paralyzes all parts, that is, it acts directly on the sensory nerves controlling the circulation in any given locality, and produces at first an ischæmic or local anæmic condition as a result of paralyzation of the nerves of sensation. The subsequent results will therefore depend upon the strength of the solution and the length of time during which the analgesic has been allowed to act. If the amount injected is small and of low percentage, it will in all probabilities do nothing more than deprive the part of all sensation, but in doing this it may leave as a resultant a hyperæmic condition productive of more or less severe pain for days after extraction of the teeth. If on the other hand the hypodermic dose has been large the death of the relative parts is almost sure to follow and extensive areas of necrotic tissue will result. This has been sought to be explained by various theories, but it is needless to extend the inquiry into supposed regions, for the fact is too well established that all agents that produce paralyzation of nerves produce the same results. The large experience with refrigerants in extracting in the past should have taught this lesson, but it seems to require more than the 'line upon line and precept upon precept' to quicken the understanding of the average practitioner."

"In view of the foregoing the writer is fully assured that the use of cocain in hypodermic injection, even in reduced percentages for the purpose of extraction of teeth is a very uncertain procedure and liable to produce immediate destruction of contiguous parts, such as gangrene of the gingival and necrosis of the alveolar process. While it is true that this is not universal and the advocates of this process may be able to point to hundreds of cases without such deleterious results, there remains a more or less severe irritation as a resultant, and the pain may continue for days. It seems impossible that this can be avoided by any after-treatment, as it is the direct result of the drug used."

"The toxic and paralyzing effects of cocain hydrochlorid are generally well understood, but whether these deleterious after-effects have made any impression upon the minds of the dentists is very doubtful. So much is this the case, and so serious have been the lesions produced by it that it is time a warning note had been sounded."

Dr. Truman then quotes from Torald Sollmann, M.D., George F. Butler, Ph.G., M.D., J. V. Shoemaker, LL.D., M.D., A. A. Stevens, A.M., M.D., and H. C. Wood, M.D., and continues: "These extracts from different authors might be much further extended, but sufficient evidence has been given to show that the action of cocain is directly to produce the serious lesions adverted to, which have been so pronounced in the practice of some who claim to 'extract teeth without pain.'"

He then draws the following conclusions:

First: Cocain immediately paralyzes all nerves and acts directly on the local circulation.

Second: The paralyzation of the nerves and the vaso-constriction results in temporary and possible permanent cessation of nutrition to the local parts.

Third: This paralyzation may end in gangrene (sloughing) of the gingivæ and necrosis of the adjacent alveolus, and finally

Fourth: The possible pathological sequelæ connected with its use render it unfit for adoption as an analgesic in dental extractions.

In the beginning of my practice I have been using different formulæ of cocain anæsthetics for the extraction of teeth, but with very discouraging results. The percentage of cases of "pain after extraction" was rather large and for a beginner it was very exasperating. I began to cast my eyes for some other agent which would obviate the unpleasant features of cocain. With that purpose in view I followed up the dental literature pertaining to that subject and am glad to state that my efforts were crowned with success.

In the "Dental Cosmos," for September, 1908, appeared an article by Dr. Herman Prinz, entitled "A Rational Method of Producing Local Anæsthesia."

In discussing the different methods employed, he mentioned among others novocain claiming certain advantages over cocain. Since then I have substituted novocain for cocain in my practice and my experience with this agent fully convinced me of its superiority.

(To be Continued in the February Issue)

SUCH IS LIFE.
PAUL S. TARLER, D.D.S.
Single blessedness
Or married bliss,
Tears and laughter,
Perhaps a kiss.
To-day we hunger,
To-morrow dine;
Fortune's playthings
Both thee and thine.
Pleasures enjoying,
To-morrow ill,
No use weeping,
Just pay the bill.
Days full of sunshine,
Days steeped in joy,
Then Death drops in;
Ta-ta poor boy!
So please don't worry,
'Twill gray thy head,
And life's so short
You'll soon be dead.
Some grasses o'er thee
Planted by Wife,
Then will whisper,
"Such Is Life."

Extraction of Teeth

(Continued from December Issue)

By S. P. RATNER, D.D.S.

Two pairs of forceps are all that is required for the extraction of all inferior teeth and roots, namely, a universal lower alveolar and molar forceps. The six anterior teeth are seldom extracted in youth. They are usually extracted because of pyorrhœa or because of extensive caries, which occurs mostly past middle age. Their removal then becomes a very simple procedure and needs no special description.

Inferior Bicuspid.—Right here the writer wishes to call the attention of every reader to the fact that for the successful removal of lower teeth it is important to remember that all of them are inclined lingually and that their roots are curved distally; therefore, place the lingual beak first and somewhat deeper than the facial, so that when the beaks are closed they will be as near as possible parallel with the long axis of the tooth.

Very often we are called upon to extract the inferior bicuspid where caries has partly destroyed the root beyond the free margin of the gum; the frail walls will invariably crush under the force of the beaks. Lance the gum facially and lingually along the long axis of the tooth, insert the beaks of the forceps along the incisions, and with a quick, firm pressure upon the handles cut through the alveolar process and remove. Care should be taken not to insert the beaks too deep for fear that injury might be done to the mental foramen, which is situated just below the interval of the two bicuspid.

First Lower Molar.—This tooth is very often sacrificed in children under twelve years of age. "They go like hot cakes" (pardon the expression). It is partly due to the ignorance of the parents, who insist that the tooth should be extracted in spite of all explanations, and partly to the laziness of the dentist.

Some authorities claim that in case a six-year molar has been extracted before the second molars have erupted, that all the other first molars should be extracted. They maintain that by this method a better formed arch and better occlusion will result, than if only the offending tooth is removed. This, however, is too radical a view and should be avoided.

Very often do we find in children conditions where the pulp cavity is filled with hypertrophied tissue with the walls of the crown gone or partly so. Remove such tooth by "going over" gum and alveolar process if you wish to avoid "fishing" for each root.

Second Lower Molar.—The second molar is extracted in the same manner as the first. The writer found the spoon-shaped elevator a great help for the removal of the separated roots of the lower molars. Simply place the concave surface of the elevator along the mesial or distal surface of the root, using the adjoining tooth as a support, and push it down; the root will usually pop out.

Third Lower Molar.—For the removal of a fully impacted molar the average dental office is not a fit place. It should be done in a hospital, for it requires a general anæsthetic and lasts anywhere from ten minutes to an hour or more. For the removal of the ordinary carious third molar the alveolar forceps should be used. Place the lingual beak as far low as you think it safe, force the facial beak beyond the free margin of the gum and swing it inward.

In conclusion the writer wishes to make a plea for cleaner extractions, less butchering and more humane treatment of the sufferers that come to our offices.

The Richmond Crown

(Third Article.)

By DR. MAURICE M. RAFKIN.

The Richmond crown, to my mind, is one of the most important pieces of prosthetic work that dental art has produced. It is to be regretted that so few Richmond crowns are made to-day. The reason why that is so is either the dentist cannot command a fee commensurate with the time and skill required in its construction or he does not know how to construct this crown properly. A poorly constructed Richmond crown will give a world of trouble.

In constructing this crown, a careful selection should be made with regards to the metals to be employed in the making of the cope and dowel. The metal should be such that:

- (1) Will not irritate the tissues.
- (2) Will not corrode.
- (3) Should possess rigidity.
- (4) Should have a high fusing point.

There is only one metal which possesses all of these qualities, and this is platinum-iridium.

Root Preparation

I prepare the root canal in this case somewhat different than what I do for a filling or an inlay. I enlarge the canal somewhat. Then I fill the apex with Oxpara, and the smallest portion of a gutta-percha point. This is then sealed up with a small pellet of oxyphosphate of zinc. This pellet of oxyphosphate of zinc forces the gutta-percha point to the apex and prevents it from sliding back; it also prevents the distortion of the gutta-percha point when fitting the dowel into the root.

The root is now trimmed to parallel walls and allowed to extend above the gum margin. A wire measure is then taken and a platinum band of 31 gauge constructed, the edges of which are soldered with pure gold. The band is now fitted over the root, and made to go slightly under the gum margin. Remove the band, and grind the root down to the gum margin on its facial aspect, and leave it extend slightly lingually. The band is then fitted once more to the root, and filed down to the outline of the root. A platinum top of 28 gauge is now soldered to the band, pure gold being used as solder.

The cope is now placed upon the root, and with a sharp-pointed instrument is pierced at a point to correspond with the opening of the root canal. A round platinum-iridium dowel is slightly flattened on one side, fitted into the root canal and marked at the part which extends above the cope. This is done so that in case of slight distortion, the cope can be put back in position.

The cope and the dowel are now carefully removed and soldered with 22-karat solder at point of junction. The flattened portion of the dowel acts as a guide when fitting it through the cope before soldering, and will prevent the Richmond crown from rotating and loosening when cemented in position.

The cope and dowel are then fitted to the root. The dowel should extend above the cope so as to prevent any misplacement when put back in the plaster impression that is taken.

A bite and an impression are taken, poured and articulated. A tooth of suitable size and color is then selected and ground to the cope. A slight shoulder is ground linguo-incisally on the porcelain facing. The tooth is backed full length with gold or platinum. The backing is then removed from the tooth.

If the backing is of platinum, a piece of 30 gauge pure gold is fused upon the groove corresponding with the shoulder on the tooth.

If the backing is of gold, flow a little of 22-karat solder, then a small piece of pure plate gold is fused. In this way I obtain an invisible tip.

The backing is now well burnished to the tooth. With a penknife I barb the pins of the porcelain facing on each side and near the backing, and bend the barbs down on the backing. Then I clip off half of each pin.

The backed tooth is now waxed in position with inlay wax. I use this wax because it leaves a clean surface after it is washed and burned out, and the solder is more apt to flow, especially where needed to fill the narrow space formed by the backing where it comes in contact with the cope. It is now invested and ready for soldering.

The investment I use is two parts of plaster of Paris and one part Portland cement. I recommend this investment because:

- (1) Does the least contracting and expanding.
- (2) Dries quickly and becomes very hard.
- (3) Forms a mould-like investment.
- (4) Heats up and cools off gradually.
- (5) Holds heat longer than any other investment.

Because of the above enumerated qualities this investment material reduces the possibilities of checking the teeth while soldering.

Wet borax (very little of it should be used) is now applied to the investment by means of a small camel's hair brush. It is then heated, soldered and finished in the usual manner and fitted to the root.

Before cementing the crown in position I barb the platinum-iridium dowel with a sharp instrument. I use this method of serrating my dowel so as to prevent the weakening of it.

In following out the technic of the construction of the Richmond crown as above described, the dentist will find it far superior to the Richmond crown ordinarily made.

CHAPTER ACTIVITIES

A very interesting lecture on "Socialism and Physical Education" was delivered by Edgar W. Herbert, physical director of the Henry Street Settlement, at the regular meeting of the New York Dentists' Chapter, I. S. S., which took place Friday evening, January 3rd, 1913, at 57 St. Marks Place.

A special meeting of the Chapter will take place on Friday, January 17th, 1913 at 57 St. Marks Place (8th St.). Very important business to be transacted. Admission of new members.

The Second Annual Full Dress and Civic Ball of the Chapter will take place on Friday evening, Feb. 21st, 1913 at the Royal Lyceum, 10 West 114th Street.

Dental Clinic

Under the Socialist Administration of the City of Schenectady.

BY B. H. KIRSCHBERG, PHAR.D.

One of the attacks made on the Socialists, who represent and embody in the sphere of practical politics a certain definite and crystallized social movement—is the ever-repeated statement that Socialism, while it might be good as an ideal, is not at all practical; that it would not work and that therefore it is an absolute waste of time to join the Socialists.

The Socialists, as a political party have a double political program; that of the maximum and that of the minimum. The former represents the horizon to the realization of which they are striving, the mission which inspires them in their work, and the latter represents their ideals for to-day, ideals which we term practical and effective social reform.

It is true that there are other political parties that are somewhat interested in that kind of work, but to them such reforms constitute almost the final goal, while to the Socialists, they are simply means through the execution of which they are aiming for their final destination; namely, to socialize everything that is necessary to human life.

One of the most important phases of our minimum program is the question of the public health.

Sanitation, food adulteration and all phases of preventive medicine are embodied in their working program for to-day, and wherever the Socialists in any country or at any time manage to secure the municipal victory, their chief attention has always been paid to the inauguration of many effective reforms in the line of public health, especially adaptable to the betterment of the working people's conditions. The City of Schenectady, which, by the grace of its voters, became the first municipality in the Empire State with a Socialist administration, fully realized the importance of that work and upon assuming the charge of the city, immediately undertook numerous important steps in that direction, one of the most important of which, at least to the readers of THE PROGRESSIVE DENTIST, was the inauguration of the Municipal Dental Clinic. The history of the dental clinic dates back to some four or five years ago, when the State Department, realizing the importance of oral hygiene, commenced to advocate the inspection of the children's teeth by the school nurses and visiting physicians. The large majority, if not all of the municipalities, introduced however only this inspection system, leaving entirely to the parents of the children to solve the problem of rectifying the abnormal and unhygienic conditions of the children's teeth. Through this narrow interpretation of this important movement the progress unfortunately never advanced beyond the fact that the children every once in a while commenced to use a toothbrush which, while it improved the condition somewhat, left the main evil uncorrected. The reason for it lies in the fact that most of the parents could not very easily afford to pay the dentist the necessary fee—finding the use of toothache drops a great deal cheaper. The city administration of Schenectady, after making a full and careful study of the subject upon the recommendation of the former health officer, Dr. Wm. P. Faust (whose place from May 1st has been

filled by the present, very energetic occupant of that office, Dr. Herbert L. Towne), established a free dental dispensary. The movement was heartily supported by the local press, and the Mayor, Dr. Geo. R. Lunn, addressed himself to the County Dental Society to assist him in finding a proper man to fill the position of City Dental Surgeon. The society of local dentists, which, by the way, is a very progressive and active organization, recommended for that position Dr. Harry V. Gregg, of the University of Pennsylvania, '11, member of the Alumni and of the Delta Sigma Delta, who, after passing the Civil Service examination, was sworn into the office and assumed charge of the First Free Dental Dispensary.

Dr. Gregg's work is both preventative and curative. He attends to all the children, from the ages of six to sixteen, whose parents can not afford to pay the dentist and while most of the children are being sent from the public schools by the City nurses, many of his little patients come in voluntarily and do not seem to be at all afraid of his "horrible" dental chair. Speaking about his "horrible" chair and other "horrible" things in his office, we may add that it is equipped with all the modern paraphernalia of a dental office. Dr. Gregg comes to the office twice a week, on Wednesdays and Saturdays, and devotes his time to the welfare of the children from nine until twelve a. m. While on an average he has ten cases a day, there are days when he meets as many as twenty-five patients waiting to be examined and treated.

Now, then, as to the treatment. It consists, first of all, of a thorough cleaning and curing of all the diseases of the oral cavity. The filling of the teeth is usually done with amalgam or cement, while the extractions are done mostly with nitrous oxide and oxygen, or a local anæsthetic of cocaine. As a rule, no mouth washes are given away, but the Department of Health intends, in the near future, to dispense to the patients such antiseptics as may be necessary, also tooth powder and toothbrushes.

The present locality of the dental clinic is in the building of the Schenectady Day Nursery, an institution supported by voluntary contributions, and one of the Nursery's assistant nurses, Miss Louise Everhart, is the regular assistant to Dr. Gregg. A full history of the patient is taken on the card supplied by the Dental Hygiene Counsel of New York State, the body partly responsible for dental reform in the State of New York. The Dental Clinic of the City of Schenectady has been an unusual success, and the administration hopes that it may inspire other municipalities to inaugurate similar institutions giving to the people partly at least the right to which they are fully entitled.

With the advent of the Socialists into power, a scientific study of eugenics, of preventive medicine and of medical sociology will reach its criterion. A real scientific method is absolutely incompatible with the capitalistic form of government. It means either a sacrifice on the part of the physicians, surgeons, dentists, etc., or the neglect of the masses.

A Socialist city will do more than the present "city with a Socialist administration," but even the latter is doing all in its power to take equal care of all of the workers and the workers' children.

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES

Once more we must congratulate our Dean, Dr. Weisse, who has the interest of the students at heart. Through his efforts we will no longer have to wait in the Infirmary for a patient. A new system is being devised that will save us a great deal of time in the morning.

The student may do his practical work on the prosthetic floor, and when his name is called on the roster he will be immediately informed, thus enabling him to practice or study while in college, and will do away with the old system of "wasting time in the morning."

The Junior Promenade which was held on Dec. 20, 1912, at Carlton Hall, was a fair success. Telegrams were received from the Faculty, regretting their absence on account of previous engagements.

The march was led by Chas. Wolf and Jack Posner. The students of the 1914 class are expressing their thanks to Messrs. Wolff and Posner, for their efforts in making the Junior Prom. a success.

The election of officers of the "Freshman Class" of the New York College of Dentistry has taken place and the following were elected.

J. Grossman	President
F. McCaffrey	Vice-President
C. L. Gesell Jr.	Secretary
L. A. Unger	Treasurer
A. R. Starr Jr.	Marshall
I. Landau	Sergeant-at-arms
J. Heineman	Class-Crier

On Dec. 14th, the "Freshman Class" held a smoker at Beethoven Hall. The affair was largely attended by members of all the classes of the college and was honoured by the presence of some of the instructors and demonstrators from the college. Everyone had an enjoyable time as there was plenty to smoke and drink and the committee had arranged an excellent program for the evening. Besides the professional talent members of the class also entertained. The affair besides being a success has also promoted a greater feeling of sociability among the students.

Chas. L. Gesell Jr., Sec'y.

Rhe Omega Kappa

The Initial Dinner of the Rhe Omega Kappa fraternity was held on Saturday evening, December 28, 1912, at the Cafe Zeitlin, on Grand Street, and was attended by all the members. After the dinner the Master and most of the members discussed the welfare and future of the organization. The many speeches coupled with the usual humorous remarks, were listened to by those present with the most exacting attention, and will not be forgotten by them for at least a long time to come. On the whole it proved a big success.

...The Progressive Dentist...

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Intercollegiate Socialist Society

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EDITORIAL DEPARTMENT

We wish our readers, contributors, advertisers and well wishers a happy and prosperous year. The last year was full of prosperity to us. Our magazine has grown from a helpless infant to a year-old baby. It has of late begun shedding teeth and in some quarters it may be felt that it is beginning to bite. We hope to see our success continued and strengthened, and may we thereby be of service to the profession and humanity.

- - -

Surveying the field of the dental profession of the State in general and of Greater New York in particular, a deplorable situation is revealed. Our profession is by far lacking in its share of the spirit of the times, namely the spirit of the era of organization. Truly, some fragments of an organization may be discerned, but in view of the numbers the profession includes such fragments are more indicting. Moreover, the fact that the existing fragments of an organization have remained stagnant *per se* and have received no due stimulus or guidance from the proper quarters, namely the State Dental Society, smacks of the connivance to keep the profession in an aimless and chaotic state.

The bitter fruit from this neglected and ungroomed field is manifold. Indeed, disastrous results are the outcome of this lack of organization. The chief evils we will discuss here.

We contend that without a vitally active organization of the profession (embracing the majority in it) it is impossible for it to keep abreast with the new ideas, improved methods, and modern inventions which are hurled at the profession with such a stunning rapidity and in such profuse numbers. At present new inventions and discoveries are introduced to the profession through the agency of the manufacturing fraternity. The average conscientious dentist who is not engaging in any research work nor capable of experimenting, must view all innovations brought to his attention by such agency with apprehension and perhaps also with distrust. A real organization of the profession could maintain a committee of the most capable members of the profession who would investigate all new achievements and recommend them to the profession for what they are worth. An official dental journal would keep every member of the organization posted regarding such recommendations and also regarding everything vitally affecting the profession. For sheer shame of the stigma of ignorance each member would under such conditions know of things doing around him. Moreover, the clinics which a large dental organization could afford to give, would make it inexcusable for the majority of the profession, not to incorporate their knowledge, de-

rived from reliable sources and clinically demonstrated, into actual practice. As things are now we let our readers judge by what tortuous routes and selective paths real progressive dentistry is forced to travel.

Another main evil directly traceable to the unorganized condition of the profession is the dentist's long hours. As a profession we are distinguished in the matter of long hours. The physician is called upon at unreasonable hours only in emergencies. The lawyer manages to make a living by keeping his office open till five p. m. only. The abominably long hours are unsurmountable stumbling blocks in the way of the average dentist. No time for study of any kind or recreation is left. Lectures by our best men on most vital topics are poorly attended. The reason being that they (the lectures) either begin too early in the late evening hours, or the lectures have to last too late into the early morning hours.

The third main evil is the illegal practice of dentistry which is so general in the greater city that a license seems to be a superfluous adjunct to a dental office.

Furthermore, we know that dental treatment and not quack dispensation is for a large portion of the population prohibitive on account of poverty. Those unable to pay for dental treatment have to do without it. What this leads to is known to every dentist. Many lives are shortened and a vast number of constitutional disorders are traceable to such neglect. The school children of the poor are neglected to an alarming extent. The prime need to ameliorate this condition is to rouse the public's conscience.

The remedy or remedies to these evils lie only in a strong, large and general organization. We call upon every licensed dentist to sound a warning to the powers that be, that it has become intolerable to have certain dental societies recognized as official and certain societies ignored. Furthermore, let us organize even though our organization remains unofficial for a time. If we organize well the disinherited of the profession, we shall be able to make the official authority rest upon the base of the profession instead of the apex as it now is. Only then most evils could be eradicated.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY

Meets the Fourth Thursday of each Month at
THE SAVIGNY

229 Lenox Ave. Bet. 121st and 122nd Sts.

Dr. W. S. ENGELBERG, Sec'y
2400 Seventh Ave., New York

EASTERN DENTAL SOCIETY

Meets the First Thursday of each Month at
CAFE BOULEVARD

156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y
330 E. 4th Street, New York

KINGS COUNTY DENTAL SOCIETY

Meets the Second Thursday of each Month at
THE WILLOUGHBY MANSION

667 Willoughby Ave., Brooklyn

Dr. A. FRIEDENBERG, Sec'y
425 Bushwick Ave., Brooklyn

A regular meeting of the Harlem Dental Society took place Thursday, December 26. Dr. Theodore Blum, of Vienna, Austria, read a paper on "Local and Conductive Anæsthesia in Dentistry." Dr. William J. Lederer discussed the paper.

Dr. Sol. Silverman was admitted to membership in the Society. Election of officers for the ensuing year then took place.

The following officers were elected: Dr. John L. Kaufman, President; Dr. Maurice Green, Vice-President; Dr. William S. Engelberg, Secretary; Dr. Martin A. Paulsen, Financial Secretary; Dr. Clarence Mayer, Treasurer; Dr. M. Schneiderman, Editor; Dr. Maurice E. Freiman, Dr. Samuel Lifshutz, Dr. Clarence Mayer, Dr. Maurice M. Rafkin, Dr. William S. Engelberg, Executive Committee; Dr. Jos. Levy, Dr. H. W. Rosalsky, Dr. Schneiderman, Program Committee; Dr. M. Herbst, Dr. M. S. Calman, Dr. M. Friedland, Legislative Committee; Dr. W. J. Lederer, Dr. Scheff, Dr. Heller, Membership Committee.

The Ball of the Harlem Dental Society takes place at the Elsmere Hall, 126th Street, near Lenox Ave., Thursday Evening, January 16, 1912. The present indications are that the affair will be a big success.

At a meeting of the Eastern Dental Society, held January 2, 1913, a paper entitled, "What the General Practitioner Should Know About Orthodontia," was read by Dr. Robert Elster, of New York. Discussion followed.

Announcement was made by the class committee that classes for crown and bridge work, gold inlays and castings, will open for members in good standing January 15, 1913.

The resolution to the effect that the three organizations known respectively as the Kings County, Harlem and Eastern dental societies form an alliance was acted upon favorably and the following five delegates were appointed to represent the Eastern Dental Society: Drs. H. Schwamm, A. N. Bresler, H. Goldberg, S. P. Ratner, and L. Rice.

The secretary was instructed to send all news of the society to the PROGRESSIVE DENTIST for publication.

A regular monthly meeting of the Kings County Dental Society was held at the Willoughby Mansion on Thursday evening, Dec. 12, 1912.

The Executive Committee reported that it has arranged for Dr. Hasbrouck to lecture on "The Extraction of Teeth" at the January meeting, and at the February meeting for Dr. Van Burg to lecture on "Cast Inlays."

The following communication was then read:

Dec. 10, 1912.

DR. J. F. LIEF,

President, Kings County Dental Association.

My Dear Sir:

The school medical inspection has disclosed the fact that a great many of our pupils are suffering from defective teeth. It frequently happens that the parents of such pupils are too poor to consult a practising dentist;

I have made an effort to induce one of the dispensaries in this section (Brownsville) to open a dental clinic, but my appeal has been ignored. It then occurred to me to bring the importance of this problem to the attention of a number of dentists of East New York with the suggestion that they devote gratuitously one, two, or three hours a week to the treatment of deserving cases. I am glad to be able to state that three men responded nobly, and are assisting to the best of their ability. In conversation with Dr. A. Steinhartz, this gentleman suggested that I submit the entire matter to you, in the belief that at one of your regular meetings the discussion of the problem may induce additional members of your association to volunteer their services to promote the physical betterment of suffering children. May I indulge in the hope that this belief is not altogether unfounded?

Thanking you for anything you may be able to do, I am,

Very truly yours,

OSWALD SCHLOCKOW,
Principal, School 109.

On motion of Dr. Shapiro a committee consisting of Drs. Shapiro, Pensak and Steinhartz was appointed to report on this matter.

A letter was also read from Dr. Hillyer expressing his regret at not being able to be present, owing to a previous important engagement.

Dr. Wheeler then read a paper on "Question of the Hygienic Construction of Artificial Substitutes in the Mouth." (This paper is printed on page 1 of the present issue of the PROGRESSIVE DENTIST.)

Discussion then followed, in which Drs. Dean, Shapiro, Nevins, Rosalsky, Hyman, Harris and Schneeyerson participated.

The next regular meeting of the Kings County Dental Society will be held at The Willoughby Mansion, 667 Willoughby Avenue, Brooklyn, on Thursday Evening, January 9, 1913, at 8:30 sharp.

A paper will be read by Dr. James F. Hasbrouck of 40 E. 41st Street, New York City, on "The Extraction of Teeth with Especial Reference to Impacted and Irregular Conditions." Dr. Maurice Green, of 27 E. 81st Street, and Dr. W. J. Lederer, of 150 E. 74th Street, will open the discussion on this paper.

There will also be an important report of the Executive Committee with reference to Public School Dental Clinics, and a banquet.

An informal meeting for the purpose of discussing the advisability or non-advisability of the formation of a Federation of the Harlem, Eastern and Kings County Dental Societies, was held on Friday, Dec. 27, 1912, at 2:30 p. m., at the office of Dr. S. Lifshutz, 2 West 116th St. A number of dentists, members of the above organizations were present. Dr. John L. Kaufman, the president of the Harlem Dental Society, acted as Chairman, and Dr. A. LeWitter, the Secretary of the Eastern Dental Society, acted as secretary.

Dr. Maurice William, a member of the Kings County Dental Society, stated the purpose of calling this meeting, and a lively discussion then followed in which Drs. S. Shapiro, H. Schwamm, M. Schneiderman, S. Lifshutz, B. Shapiro, A. N. Bresler, M. Heimlich, A. LeWitter and M. S. Calman participated.

Dr. M. Schneiderman presented the following resolutions, which were accepted:

RESOLUTIONS.

Whereas, There exist at present three dental Societies known respectively as Kings County, Harlem and Eastern; and

Whereas, The aims and purposes of these three Societies are identical; and

Whereas, Members of one organization having joined one of the other two; and

Whereas, A social and friendly feeling exists among the members of all three organizations; and

Whereas, Certain aims and purposes can more readily be accomplished and fulfilled by concerted action of a larger body of men;

Be it resolved:

That committees of five (5) be appointed by the Presidents of these three organizations to devise ways and means of binding these organizations under one body, whereby each Society is to maintain its own autonomy, but act as part of an organization on any matters to be decided upon by the various committees.

The resolutions will be presented at the next regular meeting of each society, for the members to take action. If the three Societies act favorably, a meeting of the elected delegates will then be held on Friday, January 31, 1913, the meeting place to be announced later.

INTERCOLLEGIATE SOCIALIST SOCIETY

Room 1210

105 West 40th Street

Phone Bryan 4696

Wide attention is being given to the coming meeting at Carnegie Hall, 57th St. and 7th Ave. owing to the fact that so many aspects of the subject "Industrial Unionism" will be touched upon. The speakers at the meeting will be Joseph Ettor, member of the executive committee of the I. W. W., Arturo Giovannitti, editor of *Il Proletario*, Max Hayes, editor *Cleveland Citizen*, Frank Bohn, Rose Pastor Stokes and J. G. Phelps Stokes, president of the I. S. S.

Platform Tickets may be secured by Students at the special rate of 25c. a piece. All members and friends of the I. S. S., are urged to be present and to order tickets at once. Members of undergraduate chapters are urged to sit together, where practicable.

The meeting at Carnegie Hall will take place Monday Evening, January 20th, 1913

Socialist Ideas Permeating Colleges in the Middle West

That there is a great awakening on the social problems, and especially on the subject of Socialism, in the colleges of the Middle West, both among the students and members of the faculty, is the belief of Harry W. Laidler, organizer of the Intercollegiate Socialist Society, who is now conducting a tour of the colleges through Pennsylvania, Ohio, Indiana, Illinois and Michigan.

Thus far in his trip Laidler has succeeded in organizing an undergraduate chapter at Washington-Jefferson College, the only institution that he has addressed where no chapter existed before his visit, and two small alumni chapters at Pittsburg and Columbus. He hopes to form another college organization at the University of Indiana and to assist in the organization of graduate groups at Chicago and Cleveland.

One of the most enthusiastic of the colleges on the subject of Socialism is Ohio Northern University, which has some 1,500 students. Here opportunity was given to address 1,200 students in college chapel and five classes during the day. Even the physics class voted in favor of a lecture on Socialism instead of their regular lesson on physics. In the evening another talk was arranged in the large hall of one of the literary societies.

One of the most significant signs of the awakening is the openly sympathetic attitude of many of the members of faculties, despite the reactionary attitude of the members of the boards of trustees who furnish the funds for the various institutions, and of the politicians who still have the upper hand.

At State College, Pennsylvania, the instructor in economics is among the most active members of the recently organized chapter. The dean of one of the important departments offered to advertise any proposed meeting of the society in chapel and elsewhere, and to do what he could to secure an audience, while the names of many other members of faculties in and around this great industrial center were mentioned as Socialists or near-Socialists.

One of the most popular of the Washington-Jefferson College professors, near his 70th year, has just allied himself with the party. At Ohio State two faculty members joined both the undergraduate and graduate groups, and more promised to follow, while at Ohio Wesleyan at least two faculty members are avowed Socialists and many others are rapidly progressing in that direction and urge the thorough study of the movement. The professors of sociology and economics at Ohio Northern, Ohio State and Ohio Wesleyan are most cordial toward any movement which seeks to spread light on the real meaning of the Socialist movement.

At DePauw the first of a series of formal lectures is being planned by the economic department to be opened by Laidler on the "Ideals and Achievements" of Socialism, and the economic class is to be addressed by him.

The students are showing a keen desire to study Socialism and the members of the society in the various colleges all report a much fairer attitude than heretofore. The audiences at each of the colleges visited were most attentive, and the questions asked indicated a fair knowledge of Socialist ideals and aims.

While in a number of colleges the president and many members of the faculty still look askance at the "dangerous" study of Socialism, and while at all, many of the professors feel it wise to proceed with extreme caution in the expression of radical economic views, the ice of indifference has been broken, Laidler declares, and a great stride taken toward a true understanding of the world's greatest political and economic movement.

The colleges on Laidler's tour are: State College and Washington-Jefferson, Pennsylvania; Marietta, Ohio State, Ohio Wesleyan and Ohio Northern, Ohio; University of Indiana, DePauw and Purdue, Indiana; University of Illinois and University of Chicago, Illinois, and University of Michigan, Michigan.

Socializing the British Medical Profession

As our readers are aware, if they have followed our London letter from week to week, a bitter conflict has been going on in Great Britain over the terms of the so-called Insurance Act. It is a peculiar fact that although this law is probably the most revolutionary, so far as medical practice is concerned, of any measure yet introduced in any English speaking country, the controversy between the government and the physicians has been almost entirely over the question of compensation, and not over the principles on which the law is based. And yet, if we are not mistaken, this law marks the beginning of the end of the old system of the individual practice of medicine and of the old relationship between patient and physician—the beginning of a new era, both for society and for physicians. It provides for nothing less than an assumption, on the part of the government, of the responsibility of providing proper medical care for citizens who are financially unable to secure it for themselves. Under the terms of the act, all persons whose total income is less than \$800 (£160) will be entitled to medical services furnished by the government and paid from a fund made up jointly by workmen, employers and the government. Persons having an income above \$800 will continue to provide their own medical services as heretofore—for the present. It is estimated that approximately 15,000,000 of the inhabitants of the United Kingdom are by the terms of this act taken out of the field of private practice.

The effect of such a law can be nothing less than revolutionary, as far as the economic conditions of the medical profession are concerned. That the discussion has centered almost entirely around the question of compensation shows that physicians have no objections to being made State health officers or to having the present system of private practice largely reduced, if not abolished, so long as they are adequately compensated for their work. Another significant fact, showing both the disregard of the medical profession by the average politician and the evident lack of understanding between the medical profession and the public, is that, in drafting his bill, the Chancellor of the Exchequer made little if any effort to find out what provisions would be satisfactory to physicians themselves, although the burden of the new system would fall entirely on the physicians. The British Parliament passed the bill at the personal insistence of Mr. Lloyd George, in spite of the opposition of the British Medical Association, which protested, among other things, that the compensation contemplated was inadequate. Following the passage of the bill, the majority of the profession in Great Britain refused to work under the law in its present form, and have demanded an increased compensation, as well as the modification of some other features.

The question of fair and adequate compensation for physicians is, of course, vital. It is, however, largely a local question, since a standard of compensation which might be perfectly suitable to one country, or to one locality, would not necessarily be fair to another. Physicians in the United States will, therefore, be more interested in the general plan of the measure. The amount of compensation and the fixing of a maximum income for those coming within the provisions of the law are incidental questions. The important feature is the recognition of the fact that it is the duty of society, as represented by the government, to furnish medical treatment for those who are unable to secure it for themselves. It also means the recognition of the modern physician as a health officer of the State, working for the general good, rather than a private, professional or business man.

There is room for much speculation as to the ultimate results. For one thing, it practically eliminates the necessity for medical charity and so stops the enormous drain on physicians which has resulted therefrom. If it is true, as was reported several years ago by a committee of one of our large local organizations, that 25 per cent. of the professional work done by physicians is entirely gratuitous, the abolition of this enormous non-productive class of work would be beneficial. Another important consideration is that the adoption of such a plan would do away with any possible mercenary motive which might be alleged against the individual physician or the medical profession as a whole, as a reason for any indifference or apathy toward the development of preventive medicine. A third and by no means less important result, will be that those persons who, under the present private practice system, are the least able to consult physicians frequently, and who are yet most exposed to and susceptible to preventable diseases, can secure the advice and services of medical men before rather than after the disease has developed. That some form of periodic systematic medical inspection will develop out of the State system of medicine thus created in the United Kingdom seems probable.

Last is the effect which such a measure will have on medical education and the personnel of the profession. If the State assumes the responsibility of providing medical services for any large proportion of its citizens, it must necessarily pay strict attention to the quality of service which it provides, as a physician working under the Insurance Act will be necessarily a representative of the State. This will make it necessary for the government not only to exercise more rigid supervision over medical colleges and the character of medical instruction, but also to adopt some system which will prevent those already qualified to practice from becoming inefficient through laziness or indifference. This necessity has already been recognized in several branches of our own government. For instance, in our army and navy, all officers not only are required to pass rigid examinations at the time of their appointment, but are also required to pass examinations at stated intervals, for service and promotion, on pain of compulsory resignation from the service if they fail to qualify. Such a plan compels these officers to keep up with progress in the practical and technical work of their profession.

Physicians in the United States will be interested in the development of this plan in Great Britain principally on account of the light it will throw on such a plan in this country, for the possibility that the adoption of some arrangement of this sort will sooner or later be considered on this side of the Atlantic may be acknowledged. The prevention of disease is becoming more and more recognized as a social and not a professional duty. Most preventable diseases to-day are due to sins of the community rather than to sins of the individual. The State in the future must protect the citizen against disease just as it now protects him from foreign invasion. In fact, the majority of our most dreaded diseases are foreign invaders, as far as civilized nations are concerned.

The lesson which American physicians can learn from the experience of their British brethren is the importance of educating the public on health matters, and of a close understanding and sympathy between the public and physicians. If the relations between the British medical profession and the British public had been as intimate as those which fortunately are now coming into existence between physicians and the people in this country, it would have been impossible for the government to introduce or champion

a bill placing such a burden on the medical profession without providing compensation which was fair and adequate. Physicians in all lands and in all times have been generous beyond all other classes in charitable deeds. Yet the physician to-day, as never before, must live comfortably and must have money to pay for instruments, books, journals and graduate instruction, if he is to be able to give his patients such services as they need and as the times demand. The physician of the future, as the official guardian of the public health, must be assured a compensation which will enable him to do his work so that the lives of the people may be protected. If the people understand the importance and value of proper medical services, there will be no difficulty about securing fair compensation.—*Journal of the American Medical Association.*

The Two Systems

By PLEBS.

There are two systems and only two, under which any industry is, or can be, run.

One is private ownership or capitalism, under which a few individuals called a firm, or a number of stockholders called a corporation, own all the buildings, machinery, tools, etc., which are used in making the product.

These owners, who are known as capitalists, hire other men to do the manual and mental labor necessary, and give them a part of the product which is called wages.

The owners or capitalists keep the rest of the product which is called profit.

The wages of the wage-earners are determined by competition; that is, when an employee is wanted, and ten apply for the job, the man, woman or child who the employer thinks will do the most work for the least pay will get the job. So you see that under private ownership wages constantly tend toward the smallest amount which the worker can work for and keep alive on. The price of the product used to be fixed by competition also, but this is not, as a rule, true to-day, because the owning class, which is not like the working class, driven to a fierce competition by the fear of starvation, have learned that they can make much larger profits by combining and agreeing on the price of their product than they can by competing, which always lowers prices.

For the past twenty years this country has tried to destroy combinations and restore competition, with the result that the attempt has been a complete failure, for the simple reason that there is no known method under the capitalist system whereby two or twenty men can be prevented from coming together in private and in fixing the price of the article which they sell, and selling it at that price.

Let us now look at the industrial system known as collective ownership, or Socialism. This idea is now partly operative in the publicly-owned post office, the public schools, the public roads and bridges (which were once privately owned), the police system, the public fire department, the public water works, and the Panama canal.

The Socialists want the same power to dig the copper and the coal and the oil wells that dug the Culebra cut. They want the highways made of steel rails owned and operated by the public, like the highways made of macadam. They want the mills and factories that make the boots and shoes, and the clothing we must wear, and the brick and lumber we must build our

houses of, to be owned and operated by the same power that has shown itself capable of building and operating such a complex machine as the modern battleship.

And we want them democratically operated.

Now *why* do Socialists want us to own and operate these industries for our own benefit instead of allowing a few people to own and operate them for their own profit? Does not the question answer itself? This is the reason. The owning class under private ownership is under a constant temptation to do three things.

1st. To increase the price of the product, because that means more profit.

2nd. To decrease wages to the lowest possible point, because that means more profit.

3rd. To adulterate the goods and cheat on the quantity, because that means more profit.

Under collective ownership no one would have the incentive to do any of these things because the people as a whole would own and control. Can it be doubted that the people would insist on having prices as low as possible, wages as high as possible, and goods as good as possible?

The wage-worker receives under private ownership less than one-half of what he would get under collective ownership, for the simple reason that under collective ownership there would be no individuals standing between the worker and his earnings to absorb the larger part of them.

Whenever we, the people, shall decide to have our food, our clothing, and our shelter provided at cost, instead of paying over one-half profit, we can do so, just as we now have our education at cost, and our postal service practically at cost.

But, you say, I am sure that my employer doesn't get all the profit that you say he does.

No, your employer doesn't get it all or nearly all. But did you ever stop to think that your employer has to pay a profit on the factory and land he occupies, called rent, a profit on the gas and electric light and coal he burns, a profit on the raw material he buys, a profit on the tools, machinery and every other thing he uses, and that if the collectively-owned land and factory supplied gas, electric light and fuel at cost, and supplied tools, machinery and all supplies used at cost—did you ever stop to think that this abolition of profit would mean a reduction of the cost of living to you of more than one-half?

Now the Socialists cannot accomplish this all at once, but want to commence and carry on as fast as possible the process of transferring the various industries from private to public ownership.

How?

Well, there are three ways:

1st. Confiscate them, as we did with the slave property in the Civil War.

2nd. Buy them, giving bonds in payment, to be paid gradually just as we have bought our water systems.

3rd. Establish government factories to sell at cost, which would put privately owned industries, which must make a profit, out of existence.

When the people decide to have Socialism they will also have the opportunity to decide which method they prefer to bring it about.

Meanwhile the number of believers in collective ownership grows every year, and the Socialist party, the only party which stands for this principle, invites all who believe in it to support this great movement by the only feasible method, the expression of their opinion by means of the BALLOT.

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By Fred Schwemmer, Jr., Phila. Pa. |
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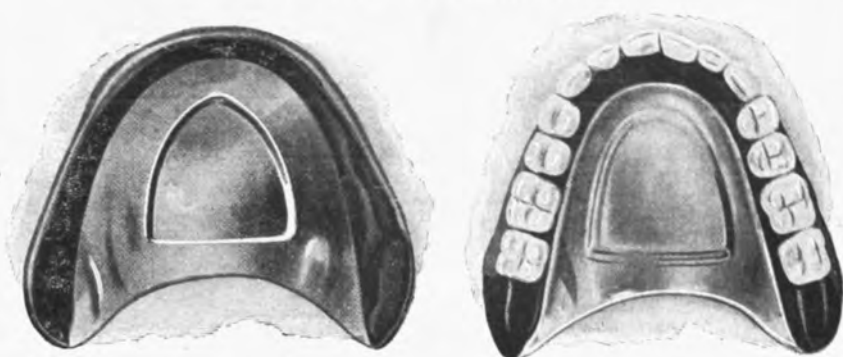
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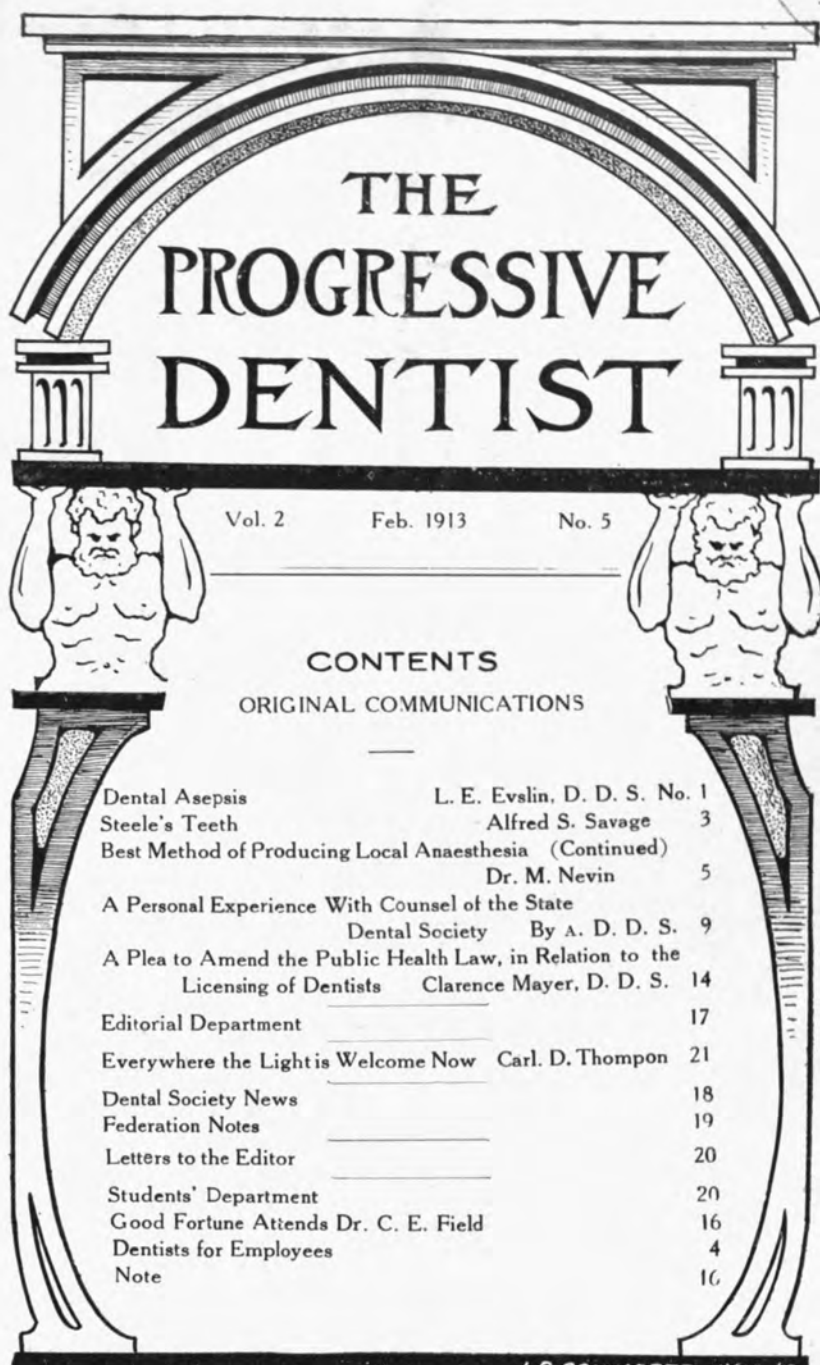
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No. 5

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DENTAL ASEPSIS

By L. E. EVSLIN, D.D.S.

Dentistry can not be practiced as aseptically as general surgery, but by constant and persistent attention to the rules and regulations of asepsis, we can at least approach ideal cleanliness. The subject of asepsis can be divided into three parts, viz.: (1) asepsis of the hands; (2) asepsis of the instruments; and (3) asepsis of the operation.

(1) ASEPSIS OF THE HANDS.

The surgeon, after having his hands disinfected and gloved in sterilized gloves, is confined to the area of operation. The dentist, on the other hand, after having his hands washed and disinfected, is forced to touch other things besides the mouth of the patient and the instruments, thus making asepsis a more difficult task. However, when a system of constant attention and vigilance is established it is not impossible for the dentist to be on the safe side from producing infection. The hands have to be washed and scrubbed, and while wet they should be immersed into a basin (large enough to accommodate both hands), containing a solution of lysol. Keep the hands thus plunged for a few moments before drying them. After the hands are thoroughly and quickly dried talcum powder containing 15% of calomel is an excellent dusting agent. This powder may be perfumed ad libitum to counteract the odor of lysol. After the hands are thus prepared care is taken not to handle foreign objects but to go right to the operation. The fingers are never to touch the lips or mucous membrane of the patient, but the left hand is always to hold the mirror and manipulate with it as with the fingers. Whenever some other place besides the mouth, the operating table and the instruments is touched, the fingers must be immediately immersed into a vessel containing an antiseptic solution placed within arms reach for that purpose. The operator is to guard against touching his own face, nose, eyes and so on during an operation, but if such be necessary his fingers must be immersed into the above mentioned solution. It goes without saying that the operator's hands and finger nails must always be immaculate, and we may as well mention in this connection the great importance of the operator's general appearance, the condition of his operating coat, and last but not least the state of his breath.

(2) ASEPSIS OF THE INSTRUMENTS.

Instruments should be washed and scrubbed after each patient before sterilizing them. If the formaldehyde vapor is employed the instruments after being washed and scrubbed should be immersed into a lysol solution for a few minutes and then dried and arranged on a tray to go into the sterilizer for not less than 5 minutes at a time. Of course the best steriliza-

tion is boiling, but even then the instruments should be washed and scrubbed beforehand. There are, however, a number of instruments that cannot be boiled, as the hand pieces, broach holders, crown pliers, etc. These instruments should be wiped off with pure alcohol after each patient and sterilized in the formaldehyde vapor. Hand pieces should always be slipped-jointed or detachable for aseptic purposes. Especial care is to be taken with the crown pliers, the beaks of which are always infected and in order to be on the safe side they also have to be boiled. Forceps, lancets, hypodermic needles should always be boiled. It is repugnant and in the highest degree unsanitary to employ the same drinking glass in spite of the fact that it be subjected to a constant dripping or flow of water in the fountain cuspidor, as some make it a practice. A number of glasses should always be in the formaldehyde vapor unless the aseptic paper cups are used which are highly recommended. Great care must be taken with the burs and broaches. They are always to be thoroughly cleaned and washed before boiling; these instruments being a great source of infection. The impression cup or tray (an instrument always neglected) should always be cleaned and well polished and most carefully boiled before each and every operation. If the operating table is an old style one, a clean napkin must always be placed after each patient and if the table be a modern one (of glass) it should always be wiped off with alcohol before each patient. The engine sleeve should always be clean, and as to the cuspidor nothing need be said.

(3) ASEPSIS OF THE OPERATION.

It is always best to start out by vaporizing the mouth with an H_2O_2 solution, preferably perfumed, in order to counteract the acidity of the drug. Wherever and whenever it is possible, the tooth to be operated upon should always be isolated by a clamp, cotton rolls or small napkins, in conjunction with the saliva ejector. In treatment, whatever the treatment, the tooth should always be isolated, the cavity dried and dehydrated with alcohol, or chloroform if the cavity be sensitive. In filling teeth, whether the filling be amalgam, gold, inlay, cement or gutta percha, the tooth is always to be isolated, the cavity dehydrated and flooded with creosote or with a hydro-naphthol solution before filling. In crown and bridge work, the crown of the bridge should always be washed in a lysol solution before trying it in the mouth and before cementing the crown or bridge, the abutments should always be treated with a silver nitrate solution and then dehydrated with alcohol. No piece of prosthetic work should be tried or placed in the mouth before it be thoroughly washed in a lysol solution. Base plates and wax for articulation are to be treated likewise. If the same wax is to be used over and over again (a very bad practice), it should be remelted each time in boiling water and before using it, it should be softened in a hot lysol solution. After the filling is inserted or a crown or bridge set, the part, especially the gum part, is to be thoroughly sprayed with an H_2O_2 solution and it is an excellent practice in general to adopt the habit to spray the entire mouth before dismissing the patient.

The above methods, although somewhat lengthily described, are easy to follow and by no means constitute a loss of time if a routine or a system is established. The benefits derived from such a system by all parties concerned is incalculable.

STEELE'S TEETH

BY ALFRED S. SAVAGE.

It is not the purpose at this time to give a detailed description of Steele's Teeth; neither is it necessary. They are now well known and are largely used in the United States and every civilized country.

The question arises why, if their merits are recognized as being so great, and so many have discarded "Flat-backs" entirely in favor of "Steele's," they are not as yet used by every dentist who is able to obtain them.

We believe that the answer to the above question is of great interest to the profession.

Speaking generally, those who prefer to use the "Flat-back" for bridge-work may be divided as follows:

First—Those who are satisfied with the old methods and do not wish to make any change.

Second—Those who, while admitting that Steele's may be superior, will not use them because their cost is greater than Flat-backs.

Third—Those who have attempted to use Steele's and have not had success with them.

It is the purpose of the writer to refer briefly to the reasons given above, with a view to inducing those who have not given Steele's Teeth a fair and intelligent trial, to do so.

The number of those given in the first reason, while growing less every day, is yet large. May we suggest to them that what has been found so very beneficial by their brother practitioners, is at least worth an unbiased investigation. They owe this to themselves and their patients.

The advantages of Steele's Teeth are many, and for the benefit of those who, for whatever reasons, have not yet attempted to use them, we will give some of the principal ones.

Ease of backing and setting up.

No danger of checking teeth while soldering.

No change of color of teeth during soldering.

No breaking teeth on a large bridge when it is being sprung into position.

No waiting to heat up before soldering, or cool off afterwards.

Substitution of longer teeth to take up any absorption.

Changing shade of teeth, should it become necessary at any time without removal of bridge.

Much more sanitary than Flat-backs, there being no space between facing and backing for secretions.

While showing practically no gold at incisal edge the strength is equal to a strongly tipped Flat-back.

Easy replacement of facing should it become accidentally fractured, making not a makeshift repair, but an absolute restoration to original conditions.

These are some of the many advantages of Steele's Teeth and surely the above claims, added to their successful use by so many, are enough to warrant every dentist to give them a fair trial.

The second reason given, that of increased cost, is one that should not, properly speaking, be considered by any dentist, if Steele Teeth are the improvement they claim to be. There are many, however, who allow this to influence them and to them we say that this increased cost is largely, if not wholly, imaginary.

It is true that the initial cost of a Steele facing with a gold, or even a platinum alloy backing is greater than a Flat-back facing with 36 gauge gold backing. But there are other considerations.

In the first place the Steele backing is 26 gauge and requires less solder to bring it to a given thickness than when 36 gauge is used. There is also a saving of time in setting up and soldering, as the operation can be carried forward without any wait, and time is money. In case of breakage of a Flat-back, during soldering, etc., there is also a further loss of time and material which must be considered.

In the opinion of those who, through constant use, should be qualified to judge, the actual cost of Steele's, taking everything into consideration, is no more, and many say less, than for Flat-backs.

The third reason, failure with Steele's, is due entirely to the fact that they were not used properly.

The cause of much of the trouble is that because Steele facings do not have to be tipped, many have not protected them at all and they consequently break off.

It cannot be too strongly insisted on that no porcelain facing can stand the stress of occlusion at incisal edge. It must be protected. Steele facings can be so, and show practically no gold, but they *must* be protected according to instructions.

Another reason for breakage is the grinding of facing at incisal edge and leaving it blunt. It is impossible to protect it when left in this manner. If it is for any reason necessary to grind incisal edge the facing should always be beveled, from labial side, again to a thin edge when proper protection can be secured.

Occasionally the cause of a fractured facing is found where the backing is left too thin. It should be sufficiently reinforced with solder, especially in the case of a strong bite.

Care should be taken that the cement is not mixed too thickly. If this is done it is sometimes impossible to get the facing up in place and the porcelain is left exposed.

It must be admitted that it is most unfair to Steele's Teeth to neglect the above simple and obvious precautions, but that is what many have done and are yet doing.

It is hoped that this statement of reasons for failure with Steele's by one who has in the past few years investigated a large number of so-called failures with these teeth and found them in every single case, to be due to one or more of the causes given, may help those who have had trouble to be as successful as their brethren who use Steele's to their great comfort and to the benefit of their practice.

DENTISTS FOR EMPLOYES

Morris & Co., packers, made known the establishment of a dental office at the Chicago plant in the Union Stock Yards, where free dental service will be given employes. Medical inspection was inaugurated by the company some years ago. Employes are given treatment and material free.

Best Method of Producing Local Anaesthesia

By Dr. M. Nevin

(Continued from January Issue)

NOVOCAIN.

Novocain or chlorhydrate of paramino benzoyl diethylamino-ethanol, was discovered in 1906, by Uhlfelder and Einhorn and put on the market by the chemical works of Meister Lucius and Bruening, Germany. It is an alkaloid in a powdered form, seven times less toxic than cocain and has no detrimental effect upon circulation and respiration. It is soluble, one part of novocain to one part of water. Although it is still in its experimental state, the series of experiments performed by noted men in Germany and France proved beyond doubt the great value of the agent as an anæsthetic.

Its advantages as compared with cocain are as follows:

(1) DIFFERENCE IN TOXICITY.

Novocain is seven times less toxic than cocain. In other words the dose of novocain is seven times greater than that of cocain and using the same percentage solution we may inject seven times the amount of novocain with the same degree of safety. This is a great advantage. Many of you have noticed the toxic effects of cocain often produced after injection, especially with patients who show an idiosyncrasy toward the drug. In my office experience I have had no case of syncope since I have adopted the use of novocain, while I had quite a number with cocain injections.

(2) IRRITABILITY.

Novocain does not irritate the tissues, even when used in strong solutions; therefore the injection is painless.

(3) SLOUGHING.

Novocain causes little or no sloughing, as I have said before, cocain produces an ischæmic condition which is thought by some authorities to be the cause of sloughing. Now, ischæmia with novocain is not as pronounced as it is with cocain. Dr. Socks, who has been experimenting with the drug, observed that the socket after extraction bleeds more profusely. Dr. Misch, another experimenter, also states that alveolar anæmia is not so noticeable with novocain and adrenalin as it is with cocain and adrenalin. These are vital points to remember, for when anæsthesia is accompanied by extensive anæmia, death of the tissues occurs, due to deprivation of blood supply, and death of tissues means sloughing, necrosis, and pain. Since I have undertaken the task of preparing this essay, I have kept a record of 75 cases of novocain injections. Of this number only four cases reported pain lasting for a few days. Two or three of these cases, I remember, have had a severe pericemental irritation before extraction, which fact may account for the post-extraction pain. In about twelve cases there was a little sloughing. Fourteen cases I have not heard from, while the remaining forty-five cases reported very little or no pain and no sloughing. Including the four.

teen unreturned cases in the successful extractions, we have fifty-nine cases out of seventy-five, or about eighty per cent. of the cases reported no sloughing, while seventy-one out of seventy-five, or ninety-five per cent. of the cases, may be considered in the "no post-extraction pain" class. To my mind these figures prove the superiority of novocain for subcutaneous injections and I would defy anyone to show similar results with cocain.

(4) ITS COMPATIBILITY WITH ADRENALIN.

Adrenalin is the extract from the suprarenal capsule and is a greyish white powder, slightly alkaline in reaction. Adrenalin chloride as prepared now by Parke, Davis & Co., consists of 1:1000 of a physiological salt solution of adrenalin to which small quantities of chloretone and thymol are added for the purpose of keeping it in solution. This chemical is of great value in local anæsthesia. When injected in small doses it stimulates the smooth muscle coat of the blood vessels, acting thereby as a powerful vaso-constrictor and causing temporary rising of the arterial blood pressure. It therefore performs two useful offices:

First: By constricting the blood vessels it produces local anæmia, thereby restricting the action of the anæsthetic only to a limited area. Absorption of the drug into the general circulation is thereby retarded and a smaller dose will be necessary to anæsthetise the tissues.

Second: Again by virtue of its vaso-constriction properties, it stimulates the heart to greater activity in order to overcome the increased resistance in the blood vessels, due to their diminished diameter; it therefore acts as a cardiac stimulant. However, care should be exercised in the administration of this drug. Too large doses of the drug will by their deeper action close up the larger arteries and cause a prolonged anæmia. Dilatation of the blood vessels will follow, depriving the tissues of their blood supply. It is easily understood why sloughing will occur in such cases. Too large doses of the drug will cause extensive dilatation of the blood vessels after vaso-constriction, resulting in heart failure. Solutions of adrenalin chloride do not keep. On exposure to the air they oxidize, turning pink, then red and finally brown. In these stages they lose their physiological action and become useless. I prepare my anæsthetic in the following manner:

To an ounce of distilled water I add 10 grains of novocain, obtaining a 2% solution. I half fill my syringe with the anæsthetic, then add one drop of adrenalin chloride, and completely fill my syringe ready for injection. As a syringe contains about 30 minims, and one drop being equivalent to one minim, I have about a 3% of 1:1000 adrenalin chloride solution which is a safe dose to administer. No more than five drops should be injected at one sitting. This is the maximum dose that may be used with comparative safety.

Adrenalin combines more readily with novocain than it does with cocain. It does not in the slightest interfere with its action, but on the contrary, it greatly increase its anæsthetic effect.

(5) The duration of the anæsthesia is longer than that of cocain.

(6) Solutions of novocain may be boiled without altering in any man-

ner its properties or physiological action. This is also a great advantage since it is the most effectual way of sterilizing your anæsthetic. Cocain decomposes after boiling.

Those are the main advantages of novocain. Although yet of a comparatively recent discovery, it has been experimented with and used extensively in recent years by many noted members of our profession and their clinical experiences are very convincing of the par excellence of this drug as a local anæsthetic. I have been utilizing it in my office for the last four years and nothing could induce me to abandon it. It is really a surprise to me why dentists have not as yet universally adopted it in their practice.

NORMAL PHYSIOLOGICAL SALT SOLUTION.

Now, there is another phase of local anæsthesia that I wish to discuss, and it is an important one, just as important as the analgesic itself or the sterilization of the needle, and that is the presence of normal physiological salt solution in your anæsthetic. This has been grossly overlooked by the manufacturers of proprietary anæsthetics, and by the dentists who make their own preparations. But in order to fully understand its importance, we must look into the question of osmosis. So that, let us for a few moments go back to our good old college days, hard benches, and still harder lectures which we have vainly tried to absorb.

OSMOSIS.

If we have two liquids in a vessel separated by a permeable membrane, one being a salt solution and the other pure water, we will notice that gradually the water molecules will pass into the compartment of the salt solution and the sodium chloride molecules will pass into the pure water compartment. This process will cease only when the two compartments will contain liquids of the same concentration of sodium chloride. This process is termed osmosis. The pressure exerted by the differently concentrated solutions is osmotic pressure. The resultant solutions are known as isotonic. The solution having a greater osmotic pressure, namely the salt solution in our case, is called hypertonic, while the pure water having a less osmotic pressure is known as hypotonic solution.

Osmosis will go on not only in salt solutions, but in any two aqueous solutions of different density. It may be seen at once that this is a very important physiological function. In the human body we have various substances separated by membranes. For instance the endothelial walls of the capillaries separating the blood from the lymph. We have the epithelial walls of the kidney tubules separating the lymph and blood from the urine; the lining of secreting glands; the walls of the alimentary canal. The process of osmosis is a very important one in secretion and excretion. It is the process by which the cells of the body receive their nourishment and eliminate their waste products.

The living cell is surrounded by a semi-permeable membrane. If the solution injected into the tissues is hypotonic, having less osmotic pressure than the cell contents—the cells absorb water, swell, become macerated, and finally die. If the solution is hypertonic—having a greater osmotic pressure than the cell contents—the protoplasm shrinks and loses water and death

of cells finally follows. This process of cell death is known as necrobiosis. Isotonic solutions like physiologic salt solution, when injected into the tissues produce neither of these effects, because they are of the same concentration and have the same osmotic pressure as the contents of the cell wall.

It is obvious now that our anæsthetics must be isotonic with the materials within the cells in order not to disturb their equilibrium and work destruction to their life changes. It has been found by experiments that all aqueous solutions having the same freezing point have the same osmotic pressure. What are the contents of the cell wall? Serum, blood, lymph, etc. The freezing point of those substances is found to be approximately 0.55° . C. A 0.9% sodium chloride solution will have the same freezing point; therefore it must be isotonic with the cell contents. This solution is termed normal physiologic salt solution and when injected into the tissue will cause no change in the cell structure and endanger their lives. The swelling appearing sometimes on the gum after injection is due merely to the fact that absorption is not as rapid as the injection and disappears as soon as the blood-vessels adapt themselves to their task. Pure water when injected will cause severe pain and will produce superficial anæsthesia. A more concentrated sodium chloride solution than 0.9% will also cause pain upon injection for the reasons explained before. But normal physiologic salt solution, especially at body temperature, will not cause any pain.

To my mind the absence of a normal physiologic salt solution in the anæsthetic is one of the main causes of pain during injection and of post-extraction sloughing, since death of cells means death of tissues. I have been emphasizing this point so strongly because the average practitioner never even thinks of it as a necessary adjunct to his anæsthetic. Nor do the manufacturers deem it necessary to incorporate sodium chloride as one of the ingredients in their preparations. For the sake of illustration, we will take one preparation which is probably the most popular and most frequently used—namely, Gilmore's anæsthetic. The label boasts of numerous ingredients, as follows: Benzo-boracic acid; Mentha; Arvensis; Gaultheria; Baptisia; Eucalyptus; Thyme; Glycerine; Atropin and Cocain.

One must give credit for the liberal and various menu, but one of the most important and simple ingredients, namely, salt, is omitted.

A good prescription for dental purposes, one that I have been using in my office for the last four years with success, is as follows:

Novocain, 10 gr.; Sodium chloride, 4 gr.; Aqua dist., 1 fl. $\bar{z}$. This contains a 2% solution of novocain and 0.9% of sodium chloride. To every syringe full I add one drop of adrenalin chloride 1:1000.

I shall not dwell on any other aspects of local anæsthesia, such as the sterilization of the needle, which we all know is necessary, but seldom do; or the importance of cleaning the syringe, which we all loathe. Nor will I tell you how vital it is to disinfect the mucous membrane before injection, for I know you will never do it. Nature was kind enough to us in that respect, when, realizing the kind of species dentists are, she made the oral secretions antiseptic. If not for that, what countless number of graves would be to the credit of our profession?

A Personal Experience with Counsel of the State Dental Society

By A D.D.S.

Some time in August, 1912, I, in the company of Dr. F. K., visited the law offices of Mr. Wm. A. Purrington, counsel of the State Dental Society, to complain of one practicing dentistry without a license. The evidence was obtained through my efforts without the knowledge of the agent of the dental society. Dr. F. K. submitted himself to be treated by the said illegal practitioner for some dental disturbance. In order to strengthen the case we (I and Dr. F. K.) prevailed upon a friend and colleague, Dr. L. R., to visit the dental office of the said illegal practitioner in order to have some work done. Dr. L. R. consented. He was treated by the said illegal practitioner and paid a fee.

On the visit to counsel for the State Dental Society Mr. Rothenberg was in charge, Mr. Purrington having been on his vacation. Dr. F. K. made out an affidavit to the effect that he was practised upon by the said illegal practitioner and that he paid a fee. Mr. Rothenberg explained to me that the evidence of a dentist is not very desirable for reasons given below. He wished that I should furnish him with names of actual patients. I promised to do so. The next day Dr. L. R. made out an affidavit to the same effect as Dr. F. K. had done. In addition to these two affidavits I furnished the names and addresses of four actual patients; also a business card of the said illegal practitioner, reading:

—— G ——

Russian Dentist.

—— St.

The following day a significant thing happened. An emissary from the illegal practitioner in the person of a talkative woman approached my wife, saying that it was a very improper thing for me to do, that I, as a Hebrew should have been the last one to turn informer; that to deprive somebody of the means of making a living is a crime, etc., etc.

In all sincerity I ask, by what earthly means has the illegal practitioner learned that I called upon Mr. Purrington? I waited for developments. On October 18, 1912, two months after the complaint was made, I wrote to Mr. Purrington, inquiring whether he ever intended to proceed with the case. Here is his reply:

William A. Purrington,
Counsellor at Law, Matter of G——
78-80 Wall Street.

October 21, 1912.

Dear Sir:

I received in this morning's mail from you letter referring to your visit to this office with Dr. F. K. some time in August last, to complain of one as practicing dentistry illegally at —— street.

I was absent from the city in August and did not return until the latter part of September. Since my return, my attention has not been called to the matter. Mr. Rothenberg tells me that Drs. K. and R. did, as you say, make affidavits for him to the effect that they had gone to G.'s office and were practiced upon, and that subsequently you sent in the names of persons also said to have been practiced upon.

Mr. Rothenberg, who was in charge, did not wish to make the complaint in the Magistrate's Court upon the affidavits of the two dentists alone for the reason that they, in fact, were doing detective work. There is, as you know, perhaps, a law forbidding anyone to carry on the business of a detective without a license. I do not know whether this law has been applied to the case of an individual getting evidence of the commission of a crime without legal authority so to do, but I do know that in a recent case of the medical society, such a witness was asked upon cross examination in a case where the defendant was acquitted, whether he had a license as a detective.

Mr. Rothenberg gave the case to the agent of the society, Mr. Damato, for investigation and says that Damato reported, as he, Mr. Rothenberg remembers, that he had been unable to find the persons whose names were given.

I am glad that you have called the matter to my attention and shall see that the agent attends to it. If the dentists who made the affidavits wish so to do, a warrant may be applied for on their complaint.

Truly yours,

W. A. PURRINGTON,

Counsel State Dental Society.

P. S.—It ought to be said in behalf of Mr. Damato, who has charge of investigation of complaints, that he underwent a capital operation at the end of July, from which it was by no means certain that he would recover. He was still in a critical condition when I left the city and was able to come to the office for the first time on August 26th. After such an operation as he had to undergo, one ought not, properly speaking, to return to work for a long time. Mr. Damato, however, has attended to his duties as well as circumstances would permit him, and I have sent for him to be here tomorrow in reference to this case.—W. A. P.

I immediately replied, stating that it was impossible to believe that the agent of the society should not have found the persons whose names I furnished to his office. I also complained of the poor protection the dentists in New York receive from the society as regards the thousands of illegal practitioners.

On the following day I received another letter which is given in full:

In Re. G.—

October 23, 1912.

Dear Sir:

Your polite reply to my letter is received and I appreciate the temperate manner in which it is expressed.

Upon further inquiry, I learn that the woman agent of the society saw Mrs. S. and inquired concerning G.'s ability as a dentist. She reports that Mrs. S. said that G. was a mechanical dentist and did no work in the mouth.

Mr. Damato is able to be about his work now and was strictly charged yesterday to attend to this investigation immediately and before all others, except the cases that are awaiting trial.

It is true, as you say, that it is unfortunate that, in view of the many persons violating the dental law, the State Dental Society has only one or two persons to investigate complaints. It is not possible, however, to employ detectives without funds. The resources of the State Society are very small. It has no contributions from the public, as the societies for Prevention of Cruelty to Children and Animals and for the Suppression of Vice have. The Society for the Prevention of Cruelty to Children has, I think, an income of nearly \$100,000. The Dental Society has nothing except what comes from dues of its small membership, the surplus of examination fees turned over by the Department of Education and fines. It has been carried along hereto on various occasions largely by the contributions of one public spirited man, Dr. Carr. You appear to be from your letters, unlike many of those who complain, a sensible man capable of appreciating circumstances and how impossible it is to make bricks without straw, unless the method of making bricks has changed since the days of Pharaoh.

At the same time, when a specific complaint like yours is made, backed up with the names of witnesses, it should be investigated as promptly and thoroughly as possible. Mr. Damato has been instructed to act accordingly.

You will readily understand why the society desires to prosecute upon the testimony of actual patients, rather than upon that of detectives who have an interest in the prosecution, whose testimony is likely to be contradicted by that of the accused, and who are not the most likely persons to win belief. For instance, the dental law provides that every practitioner must display his name conspicuously on his house or in his office. You would naturally consider it very outrageous if, having posted your name in compliance of law, you should be arrested, taken in court upon the charge of a detective that your name was not posted and his testimony believed rather than yours. The agents of the Dental Society are, of course, instructed to tell the truth, not only in court, but in getting their testimony. They are also strictly commanded not to entice people into committing crime by persuading persons to practice dentistry who decline to do so in the ordinary course of business. You will see that it is only just to adopt such a policy. Where we can get an actual patient, who, while truthful, has no motive to prosecute and is in fact kindly inclined towards the person prosecuted, then we have a witness whom the courts will believe and the case then becomes one worthy of prosecution. I do not mean to say that the society never prosecutes upon the testimony of detectives when corroborated by circumstances. I am only pointing out to you how desirable it is to have witnesses without any motive against the accused. It has always seemed to me that the agents ought to be able to find actual patients for the reason that a man cannot conduct a dental office without having some patients daily. It is astonishing, however, to see how difficult it is to get patients who will tell the truth in court. It is very possible that the testimony of the dentists whose names you gave would be sufficient to win the case and if you desire it, the experiment can be tried. I am expressing no doubt as to their truthfulness. But as you see, their testimony in court would be

assailed by the defendant's attorney upon the ground that they have a motive, business rivalry or what you please, and that the motive was strong enough to induce them to do detective work in person. Then if G. denies their testimony, any doubt in the matter must be resolved in her favor. On the other hand, it is entirely possible that she might be honest enough to admit the truth of the story and enter a plea of guilty.

I have written to you at this length because, as already said, you seem to be one who is capable of appreciating the conditions and not, like many complainants, entirely blinded to the difficulty of supporting, by legal evidence, a fact of which one is morally sure. You shall be advised of what is done by the agent.

Very truly yours,
W. A. PURRINGTON,
Counsel of the Dental Society, State of New York.

Note at once that I was right in my contention that it was impossible that the agent could not find the persons mentioned. Note also that the letter was coached in the most complimentary terms. I confess, nobody has ever paid me such a glowing tribute as to my being "a sensible man, capable of appreciating circumstances, etc." Can anybody explain why Mr. Purrington was so nice?

Right here I wish to explain why I thought that the evidence of my colleagues would be desirable and sufficient to convict.

First—To cause some woman to be treated by the illegal practitioner would really mean practicing detective work without a license.

Second—On the witness stand my colleagues could not have been shaken by counsel for defense as it usually happens when witness is an ignorant person. No judge would disqualify their testimony on the ground that the witnesses have a motive. The sole question would have been whether this testimony is true.

Third—An actual patient will never testify against an illegal practitioner for sentimental reasons. The records of the State Medical Society prove that all or mostly all the convictions obtained by the Medical Society were through the Society's agents.

On October 24, a tall, handsome blonde accompanied by a gray-haired gentleman, entered my office. The gentleman introduced himself, presenting this card:

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: .....:
: PAPER HANGING           MASONRY :
:   AND                   AND      :
:   PAINTING              PLASTERING :
:                               :
:   GAETANO D'AMATO        :
:   BUILDER AND CONTRACTOR :
:   1931-1933 Madison Ave.  :
:   Tel. 1171 Harlem       :
: PLUMBING                 LOCKSMITH :
:   AND                   AND      :
: STEAM FITTING           ELECTRICIAN :
: .....:

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These were the agents of the State Dental Society. I learned from them that they have seen all the persons alleged to be patients of the said illegal practitioner and that they could not make them tell the truth; that they tried (?) to become patients of G.'s without any success. Note the discrepancy of this statement and that given by Mr. Purrington in his first letter. Mr. Damato advised me to send somebody else to the illegal practitioner. I tried that but without success for the illegal practitioner was thoroughly warned and did not accept this person. Dr. F. K. and Dr. L. R. experienced no trouble in becoming would-be patients.

In the middle of November I wrote to Mr. Purrington, somewhat pointedly, saying that inasmuch as I could not obtain any additional evidence he should proceed with the case on the strength of the two affidavits. Hear what he answers:

November 15, 1912.

Dear Sir: Your letter of November 13 is received. You admit that you have tried to send persons to get evidence against G. but without success. You say that she will not practice upon the agent of the State Dental Society, nor upon any person who is not well recommended, and yet say that you "should have known better than to seek justice under the circumstances." Have you asked yourself what you mean by "seeking justice"? I have tried to make it clear to you how very easy it is to perpetrate grave injustice in prosecuting recklessly. In short, you have no proof at all, according to your admission, that the suspected person is practicing, although you believe that to be the case. I should not say you have no proof at all, for you have the affidavits to which you refer. If the persons making those affidavits will go to the Magistrate's Court and make the complaint, G. can be arrested and the question will then be one of veracity between her and the complainants.

It is not possible, fortunately, under our procedure to arrest persons upon suspicion only without proof that a crime has been committed.

Truly yours,

W. A. PURRINGTON.

Mark the change in tone. Think of it! A person is practicing dentistry without a license for over five years. Every dental practitioner in the vicinity, every dental supply house in the city is aware of the fact that this person has a lucrative practice; two affidavits were made to that effect by reputable dentists and yet "you have no proof at all." "It is not possible, fortunately, under our procedure to arrest persons upon suspicion only," etc.

Of course, nothing was done. The illegal practitioner had a good laugh at my expense and I swallowed it as bravely as I could. But I arose the wiser man. Therefore, I feel qualified to give some gentlemen a tip, or rather advice. Gentlemen of the illegal dental fraternity, why not form an association, if you have not one yet, such as, for instance, the recently discovered vice trust? Would it not be better for you to fight your battles collectively rather than singly with hush money or otherwise?

As to reliable counsel, Mr. Purrington would make an ideal one. His mind is more bent upon the defense of your interests. He appears to be able to defend rather than to antagonize your interests.

A Plea to Amend the Public Health Law, in Relation to the Licensing of Dentists

Dear Editor:

Hereby I enclose a copy of a bill to amend the dental laws. In the spring of 1912 this bill passed the Assembly Health Committee. It also received the worthy support of Dr. Lewis, a Syracuse dentist, who was a member of the said committee. This bill failed to pass the Senate. This year, I hope, we may be more successful as some of the undesirable senators, who strangled this bill, are back among the people at their proper vocations such as: farming, brick manufacturing, etc.

In explanation of the purpose of this bill I wish to say this: The dental laws of 1909, which are in effect now, contain what is known as the "six-year clause." This clause enables a dentist from another State to obtain a New York State dental license without taking any examination, written or otherwise. Moreover, a license may be obtained even by a member of a State which does not show our State the same courtesy. This clause simply requires that the dentist to receive the license be recommended by the State Dental Society as having legally practised for six years in some other State in the Union. In this manner all regulations of the Regents and of the State Board of Education are nullified and our system of guarding against graft and favoritism is evaded.

This bill aims to abolish and revoke the legal right of the State Dental Society to apply the "six-year clause" in cases where the dentist recommended for a license is a citizen of a State which does not reciprocate with our State.

Now not to be branded narrowminded, selfish and all that and to place myself in line with all progressive thinking people, I wish to propose the following: Let New York State take the initiative and elect a delegation composed of reputable, practical and progressive dentists. This delegation, recommended by the dentists at large and sanctioned by the governor with similar delegations from other States to be known as the Uniform Dental Law Commission. Such commission, if including and representing all States in the Union, could undoubtedly reach an agreement whereby National dental laws would be enacted and dental licenses if issued would be national in scope.

Such national license would relieve many territories overcrowded with dentists, and the territories having an insufficient number of them would be opened to those in need of a promising practice. Such conditions would be for obvious reasons a blessing to many communities and to a vast number of skillful but unsuccessful dentists.

At present the State Board works upon the principle of State sovereignty. Rallying under the banner of Lincoln, we ought to endeavor, as far as possible and practicable to obscure and even erase State lines. No true American before the civil war recognized any State line demarcations, why should we in this progressive age? Let every man with a preliminary education holding a diploma of a college recognized by the National Association of Dental Faculties and having successfully passed one State Board be permitted to seek his success wherever the folds of the Stars and Stripes are protecting him. This would be a splendid manifestation of brotherly

feelings and of unselfish motives. Should we bar a dentist, competent in his art and conscientious and well meaning in his soul from practising within our State simply because he is our neighbor? Let New York State tell her neighbors and members of the Union, "be kind to my flock and I will reciprocate." If New Jersey for an instance desires us to recognize her citizen-dentists, let her not discriminate between our, that is New York State citizen-dentists.

If the above mentioned commission could not obtain in a certain State the enactment of the uniform dental regulations into law we shall exclude such State from all benefits denied us.

Let us of New York State be envious, jealous and proud to the extent of doing away with that joker known as the "six-year clause." Why should we tolerate our influential friends bringing in an Alaskan dentist and handing him a license without any examination whatsoever when our dentists coming there would be treated to a stiff examination which would presuppose hard study, that would sometimes be impossible owing to age of candidate, etc.?

It is my claim that if this bill were passed the dentists of those States whom it would shut out, would be willing to come to an agreement with the commission. For in order to save their citizens the trouble involved in passing a stiff examination in all subjects, written and practical, which is the dose given our New York State dentists, those States barring us would change their attitude. Such course is selfish, but the only source of cure and therefore a just treatment.

Who caused this bill to be strangled in the Senate Health Committee of 1912? What selfish motives are trying to maintain this "joke" of the present law?

This bill was approved by a dentist assemblyman, member of the Health Committee in 1912. Where is the dentist who would not have done likewise? What dentist will not give it full support when it comes up this year? This bill is only fair and progressive.

CLARENCE MAYER, D.D.S.,
New York City.

STATE OF NEW YORK.

No. 621.

Int. 600.

IN ASSEMBLY,

February 9, 1912.

Introduced by Mr. CRANE—read once and referred to the Committee on Public Health.

AN ACT

To Amend the Public Health Law, in Relation to the Licensing of Dentists.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section one hundred and ninety-eight of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," is hereby amended to read as follows:

§ 198. Licenses. On certification by the board of dental examiners that a candidate has successfully passed its examinations and is competent to practice dentistry, the regents shall issue to him their license so to practice pursuant to the rules established by them. On the recommendation of the board, the regents may also, without the examination hereinbefore provided for, issue their license to any applicant therefor who shall furnish proof satisfactory to them that he has been duly graduated from a registered dental school and has been thereafter lawfully and reputably engaged in such practice for six years next preceding his application; or who holds a license to practice dentistry in any other state of the United States granted by a state board of dental examiners, indorsed by the dental society of the state of New York, provided, that in either [case] of such cases his preliminary and professional education shall have been not less than that required in this state; or who files with the board a certified copy of a license to practice dentistry in any other state of the United States granted to him by a state board of dental examiners accompanied with proof that the standard of requirements of the board of such other state at the time of the granting of such license was not lower than that then required in this state, provided that the state granting such license shall issue on similar proof its license to persons licensed by the regents of this state. Every license so issued shall state on its face the grounds on which it is granted and the applicant may be required to furnish his proofs on affidavit.

§ 2. This act shall take effect immediately.

Explanation—Matter in *italics* is new; matter in brackets [] is old law to be omitted.

Good Fortune Attends Dr. C. Everett Field

The Holothool Chemical Company, New York, have secured Dr. C. Everett Field as President and he is pushing the new line of antiseptic products with the aid of a strong organization. Almost everybody in Medical and Dental circles in the east is acquainted with Dr. Field for many years head of the advertising end of the Kress & Owen Company. Nobody ever met a more optimistic character or one who took the bitter with a smile better than he—to know him at all was to know him well.

For several years experimental work has been in progress on formulae and as a result the Holothool Chemical Company are placing a series of specialties before the profession.

Dr. Field although a member of many civic and educational societies maintains a modest private practice and still "holds his job down" with remarkable energy. Dr. Field is a member of the American Medical Association, New York State Medical Society, Queens and Nassau County Medical Societies, etc., etc. Congratulations of the heartiest sort give great encouragement to him in this new department of effort.

NOTE

Due to lack of space Dr. Maurice M. Raffin's fourth article of a series on Practical Prosthetics he is contributing to our magazine will be published in our next issue.

...The Progressive Dentist...

PUBLISHED MONTHLY BY THE
NEW YORK DENTISTS' CHAPTER

Intercollegiate Socialist Society

Dr. LEWIS RICE, Editor

423 East 6th Street

Dr. M. S. Calman, Business Manager

15 East 106th Street, N. Y.

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EDITORIAL DEPARTMENT

Among our original communications of this issue the one of Dr. Clarence Mayer cannot go uncommented. He takes a very advanced stand on matters pertaining to what the scope of a dental license ought to be. Yet he is in favor of the Crane bill, which will also be found printed at the foot of his communication.

In this matter Dr. Mayer is not unlike the majority. He wants to progress, to advance, but only on the strength of the club. He wants a national dental license and at the same time the "six-year clause" in our dental laws is too much for him.

We are glad to hear a voice against the backwardness of our dental laws but we would such voice to speak for anything that will carry us forward. It is indeed a disgrace that so many States lack even a "six-year clause" in their dental codes. To work in the interest of progress by drawing another State a step backward would be a pitiful blunder. If there is any liberality in the dental code of our State let us cherish it and be jealous of it. Such liberality should be made use of by us as the first nucleus which our energies should develop into a perfect body of an up-to-date, twentieth century code of national dental laws.

The idea of our State taking the initiative in the establishment of a "Uniform Dental Law Commission" is a good one. For a movement in that direction we pledge our unreserved support. The fact that our laws are somewhat more liberal than those of most of the States would lend emphasis to our taking such a course. It certainly befits our State to start a movement of that nature. Many are the reasons. Some are given by our correspondent.

The evils of favoritism and graft, of which Dr. Mayer complains, would not be wiped out by abolishing the "six-year clause." For there are other sources of graft made possible by our present dental laws and far be it for any dentist to advocate their revocation. The laws prohibiting the practice of dentistry without a license, according to some, give rise to a fruitful harvest of graft. It is a by-gone conclusion to many that the persons charged with the vigilance of the observance of that part of the dental code are weakened in their official duties and debased in their manliness by graft.

None of those making the charge, however, would advocate the recall of the laws which make such graft possible.

No, Dr. Mayer, according to us you err. Don't advocate progress through retrogressive measures. We will be with you where you want progress through progress.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY

Meets the Fourth Thursday of each Month at
THE SAVIGNY

229 Lenox Ave. Bet. 121st and 122nd Sts.

Dr. W. S. ENGELBERG, Sec'y
2400 Seventh Ave., New York

EASTERN DENTAL SOCIETY

Meets the First Thursday of each Month at
CAFE BOULEVARD

156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y
330 E. 4th Street, New York

KINGS COUNTY DENTAL SOCIETY

Meets the Second Thursday of each Month at
THE WILLOUGHBY MANSION

667 Willoughby Ave., Brooklyn

Dr. A. FRIEDENBERG, Sec'y
Bushwick 452 Ave., Brooklyn

A regular meeting of the Harlem Dental Society was held January 23, 1913. Dr. George Wood Clapp, editor of the *Dental Digest*, read a paper on "The essential facts pertaining to the construction of anatomical dentures."

The lecture was illustrated with lantern slides. The paper was discussed by Drs. A. W. Rosalsky and S. Berlin.

Election of new members then took place and the following men were elected unanimously.

Dr. Chas. I. Stein, Dr. I. Singer Brahms, Dr. Maximilian Cohen, Dr. B. H. Kutyn, and Dr. Morris Schoenfeld.

Dr. H. W. Rosalsky reported for the Program Committee. The report was accepted.

Resolutions calling for consolidation of the three societies, Harlem, Eastern and Kings County, were passed upon favorably.

Drs. A. A. Jacobs, H. W. Rosalsky, M. Schneiderman, A. Heller and P. Gottlieb were appointed to represent our society in the Federation.

Communication from Counsellor E. B. Cohen read before the society.

A motion calling for advisability of having the society incorporated was referred to the Executive Committee for action.

The next regular meeting of the society will take place on Thursday, Feb. 27, 1913.

Dr. M. L. Rhein will read a paper on "Root Canal Preparation." Dr. A. R. Starr, Professor of Operative Dentistry at the New York College of Dentistry, will open the discussion.

The Ball of the Harlem Dental Society was indeed a great success both socially and financially, in fact it was a sort of a class reunion of classes of 1905-6 7-8-9-10-11, for through out the evening groups of men would congregate in one

section and give their respective class cries which were received with great applause by those present, and to top it all the famous "Eagle" cry was given with all the vim and enthusiasm that was given it in the college years ago. The ball committee deserves great credit for the success of the affair, for it was through their efforts that the affair turned out to be such a great success.

The regular meeting of the Eastern Dental Society was held at Cafe Bouvard on Thursday Evening, Feb. 6th, 1913. Dr. L. W. Stryker read a paper on "Prosthetic Dentistry as it is and as it should be." Dr. McDonald delivered an expose on the "Steeles Interchangeable Teeth." The Chairman then called on Dr. Kaufman to open the discussion in which a number of members participated.

The Secretary then announced a conference of the delegates to the federation for Friday February 14th, 1913.

Drs. C. Kopelson, J. M. James and H. Goldberg were admitted and Dr. Dr. Schumer was proposed to membership.

A regular meeting of the Kings County Dental Society was held on January 9, 1913, at the Willoughby Mansion. Minutes read and adopted.

Executive Committee reported conference with Principal of Public School No. 109; 16 members were secured to treat the teeth of children free of charge. Dr. Schlockow promised to secure funds for a clinic.

The resolution to the effect that the three organizations known respectively as the Kings County, Harlem and Eastern Dental Societies, form an alliance was acted upon favorably and the following five delegates were elected to represent the Society: Dr. M. William, Dr. S. H. Filler, Dr. L. Levitt, Dr. B. Shapiro and Dr. L. M. Robins.

Dr. Lief introduced Dr. J. F. Hasbrouck, who read a paper on "The extraction of teeth with especial reference to impacted and irregular conditions." The paper was discussed by Drs. Green, Lederer, Friedlander and Palmer. Discussion was then closed and the meeting adjourned.

A business meeting of the Society was held on Wednesday evening, January 22, at 8.30 p. m.

A committee was appointed and instructed to arrange a meeting and invite Dr. Ottolengui, who has some very important matters to speak to us about, to address us.

It was also decided that the society hold an ANNUAL BANQUET at the Willoughby Mansion on Friday, April 4, 1913.

The programs that have been arranged by the Executive Committee for future meetings, have been approved.

The next regular meeting of the Kings County Dental Society will be held at the Willoughby Mansion on Thursday evening, Feb. 13th, 1913 at 8.30 sharp Dr. F. S. Van Voert of Brooklyn will deliver a lecture on "The Cast Inlay by the Indirect method.

The discussion will be opened by Dr. Chas. F. Ash of New York and Dr. M. Straussberg of Newark, N. J.

FEDERATION NOTES

The first conference of the delegates that were elected for the purpose of forming a federation of the Harlem, Eastern and Kings County Dental Societies will be held at the office of Dr. J. F. Lief, 12 Graham Ave., Brooklyn, on Friday Feb. 14th, 1913, at 2.30 P. M. All delegates are urgently requested to be present at this first and very important meeting.

LETTERS TO THE EDITOR

Dear Editor:

Kindly erase my name from your mailing list and oblige a disgusted subscriber.

Dr. E. J. Woodworth,
Brooklyn, N. Y.

[We wonder if our disapproval of dental parlor methods has anything to do with the sentiment of our correspondent Ed.]

Dear Editor:

Inclosed find my check for a dollar as price of subscription for the time it will pay for.

I have hopes that the magazine will stick to the practical boys in the profession and not "kowtow" to the ethical magpies whom Pa's money has enabled to become established among the genteel set.

Yours for progress,
C. L. Furman, D. D. S.
Brooklyn, N. Y.

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES

Editor Students' Dept.:

Allow me to thank you for your article on the Junior Promenade; also allow me to make a correction. The march was not led by Chas. Wolf and Jack Posner, as you have it, but by Chas. Levin and Jack Posner. Also allow me to say that the success of the Junior Prom. was due to the efforts of the entire dance committee composed of Chas. Wolf, Leo Winter, Irving Crosney, J. A. Schiller, Benj. F. Levy, Bernard Waldman and William Harris.

B. Niflot,
Pres. Jr. Class of 1914

Editor Students' Dept.:

Allow me to criticize the competitive system that exists at the N. Y. College of Dentistry.

If you are a graduate of the above mentioned institution, you can easily verify my statement. There exist certain fraternities whose members have a pull with the demonstrators and the latter distribute the work to their fellow frat men. Consequently one who does not belong to a fraternity has a hard job to make up the requirements. This condition of affairs exists throughout the three collegiate years, especially in the 2nd year where a medal is presented to the one who makes the most fillings. No doubt the medal man will be a frat man. On account of this, most of the students who are not frat men have quiet a time in competing with their fellow students who are frat men.

Respectfully yours,
A Student of the N. Y. C. D.

In Defence

Editor Students' Dept :

The student who wrote the above letter is partly right. No competition should exist in an institution of this kind. The requirements in college are alike for each student. No doubt that our dean, Dr. Weisse, has full sympathy with the student of this pathetic letter. But this story is too exaggerated. I know many students who belong to no fraternities, and have already completed their requirements in the infirmary. And many still have plenty of work on the floor without being frat men.

Especially now since the Rostrum is called and when a student is on the floor below he is sent for. So I cannot see where the writer of the letter drives at. If he really knows that favoritism exists, let him appeal to the Superintendent of the infirmary, Dr. Tripp, and no doubt he will help him. But I think the student should be every day on the infirmary floor, and he will be treated justly. The present demonstrator is a straight man and belongs to no fraternity, as far as I know, and he will give out work according to the Rostrum.

Yours for just criticism,

Wm. Winter, N. Y. C. D, 1914.

Everywhere the Light is Welcome Now

By CARL D. THOMPSON.

Everywhere Socialist literature.

Pamphlets, platforms, big posters, newspaper articles on Socialism everywhere.

And everywhere folks are talking Socialism. And they are not sneering about it as they used to five years and ten years ago. They talk seriously and respectfully.

Among the business and traveling element the conversation generally begins with:

"I'm not a Socialist, but *I want to tell you—etc., etc.*"

Then follows a very interesting and refreshing indictment of the present system and usually of the old parties. This is generally followed by:

"There are some things about Socialism that aren't just right—maybe a little radical and extreme, but *I want to tell you—etc., etc.*"

Then follows a statement of just about what the Socialists stand for.

And this is going on everywhere.

Doctors, teachers, lawyers and farmers—as well as wage workers, are talking.

And they talk about Socialism.

It is coming to be the real object of their faith and their fight.

And they are beginning to work for it. They arrange meetings. They distribute literature. They conduct debates; on the street corners, at the shops, behind the plows, in the schools, everywhere.

They argue. And no one can argue them down. So their faith grows stronger.

The fires of a new enthusiasm are burning brightly. They are talking earnestly, emphatically. Their talk is the kind that brings a clenched fist down in an open palm—a palm that is not soft nor lily white either.

"Something has got to be done" they say.

And something is being done.

They are thinking.

And talking and writing—and distributing literature—on Socialism.

In a little cabin far out in the country in northern Wisconsin the other day I met a man—a little old man—he made me think of the pictures I had seen of Tolstoi. His heavy white hair and beard, his jeans jacket and overalls, his humble home and little farm in the woods made him the picture of the American peasant.

But his mind was a dynamo. His personality a tower of strength.

On his littered table were some of the best magazines and books of the world. And he now and then arose in his virile assaults upon the inhuman systems of the governments of to-day and of yesterday—for he was a student of history, too—and paced his cabin floor.

A full-blooded Plymouth Rock rooster and his brood strolled into the open door, not knowing that his usually friendly master was discussing great problems of state—and was promptly assaulted as the nearest object that could be made to illustrate the rapid exit of the capitalist wrongs.

For thirty years this mental dynamo has made light in these northern woods. A light that no one would see. But now they are welcoming the light.

And in every section there are such. Other lights gleam out. And the people are looking for light.

Everywhere we have placed them they are shining now. And the people are profiting by them.

Every piece of Socialist literature; every book and pamphlet; every speaker and writer is a light that is welcome now.

And so they go forth to our people, in the factories, on the farms—*everywhere*, saying with Mazzini:

"I hold up a light that has been kind to me. Go diffuse it freely. And the blessings of God and your country be upon you."

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Nitrous-Oxid and Oxygen and its uses.
By Boyd S. Gardner, D. D. S. of Chicago, Ill.

FEBRUARY 1st,

Electric Engines and Lathes as seen by a mechanic.
By Fred Schwemmer, Jr., Phila. Pa.

FEBRUARY 15th,

Cabinets and their merits.
By Frank A. Hauser, New York City

MARCH 1st,

Switch-boards and their uses as seen by a practical dentist.
By L. K. Walz, D. D. S., Phila., Pa.

MARCH 15th,

Fountain Cuspidors, Etc.
By George Kempner, New York City

MARCH 29th,

Vulcanizers and Vulcanizing up-to-date.
By James Hardy, New York City

APRIL 12th,

Compressed air and its use in Dentistry.
By Fred Schwemmer, Jr., Phila., Pa.

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Chairs and their practical operation by an operator.
By Dr. Chas. F. Wassem, Phila., Pa.

MAY 10th,

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Should any change in this list of "Practical Talks" be found necessary, such as changing subjects from one date to another you will be advised.

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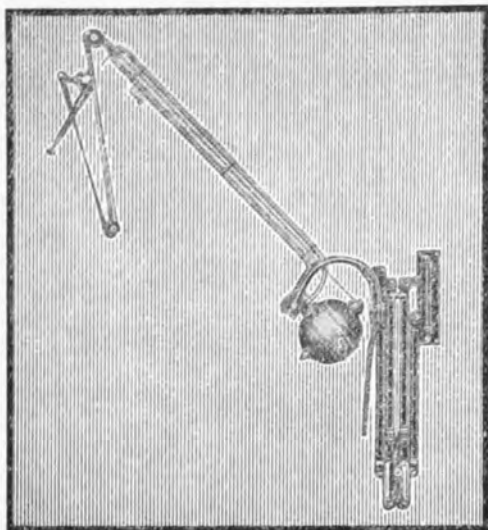
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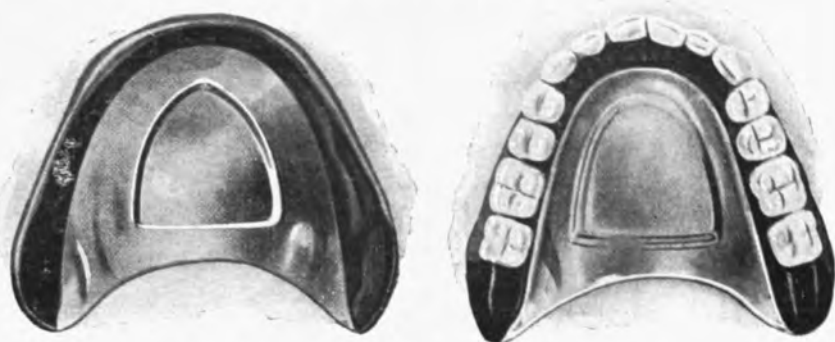
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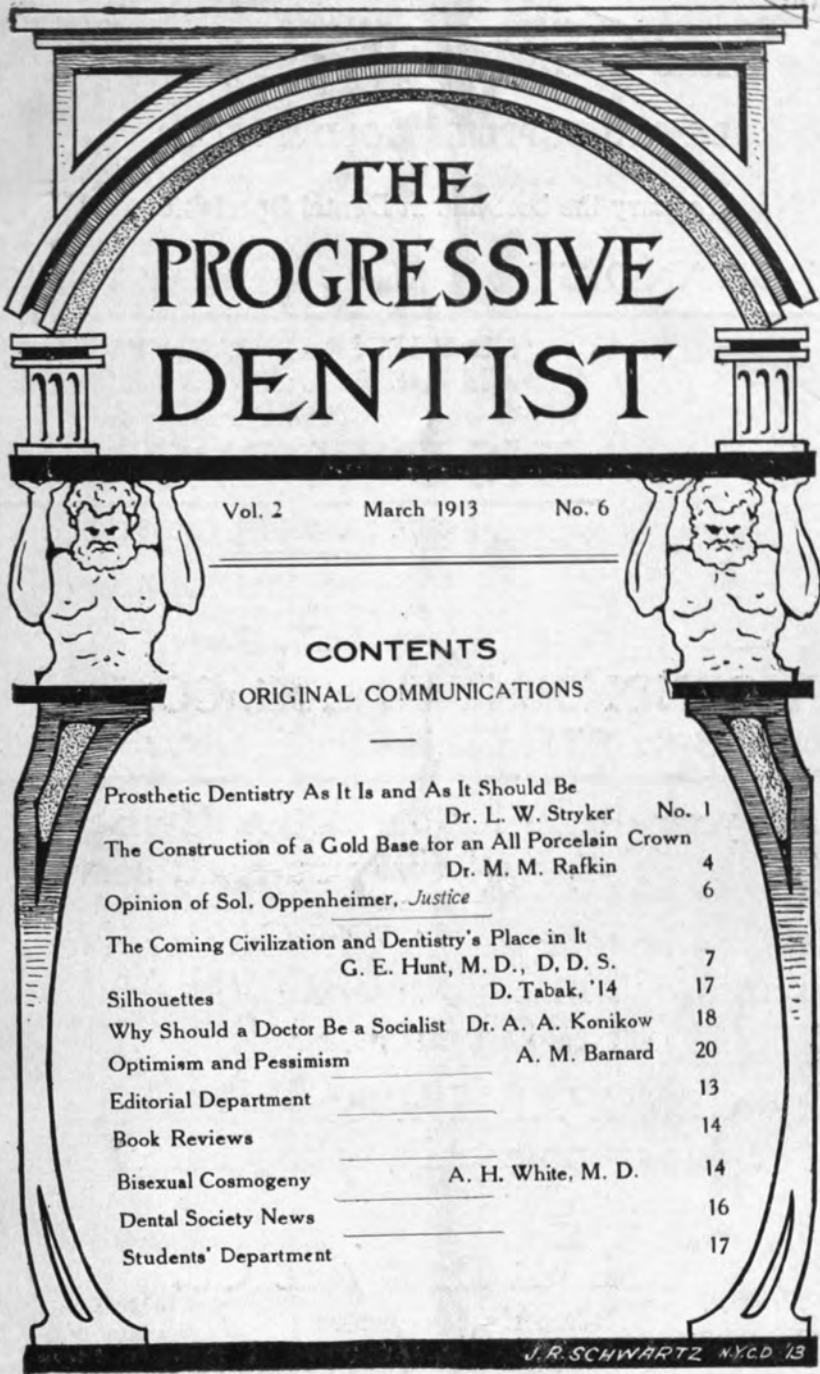
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THE PROGRESSIVE DENTIST

Vol. 2 March 1913 No. 6

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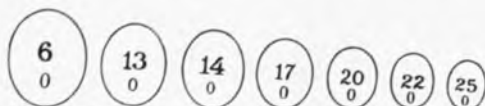
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The Progressive Dentist

Vol. 2

March 1913

No. 6

Prosthetic Dentistry As It Is and As It Should Be.

By DR. L. W. STRYKER.

(Read before the Eastern Dental Society, February 6, 1913.)

Mr. President and Gentlemen of the Eastern Dental Society:

I regret not having had more time in which to prepare this paper and do justice to the subject.

In regard to prosthetic dentistry as it is—will say: There seem to be but few who appreciate the difference between prosthetic and mechanical dentistry, yet the difference is as great as that between a mural painter and the man who calls himself a fresco artist.

The salary usually paid a laboratory man varies from eight to twenty dollars a week, this depending upon the speed he has acquired in turning out junk—he calls bridge work. He has learned about enough to pound up a gold shell over a steel or Mellotts' die, poorly adapt a piece of pure gold over the back of a porcelain tooth that he has previously ground in without any thought as to the stress of mastication, anatomical occlusion, or alignment, then forms a cusp in pure gold, over a stock die-plate, waxes the whole bunch together, invests it in some sand and plaster or other concoction that he mixes up for an investment, solders it with a low-grade solder, about 13 K.—called 18 K.; polishes it and sends it to the doctor.

The reason the majority of laboratory men are such poor mechanics is because of the fact that they are not taught system in their work, nor do they care to study up on the subject.

Has it ever occurred to you, to ask your laboratory man if he has ever studied dental anatomy? Can he define anatomical articulation? Does he know how many roots the various teeth have? Can he tell at a glance, as you can, whether or not he should put wide cusps on a bridge? Will the abutment stand wide cusps with stress of mastication?

Should you tell him the patient has a bilious temperament, could you trust him to pick out the proper teeth to suit such a case? More than likely his thought would be that the patient is bilious, he is in need of a Cascaret.

Then how in the name of common sense can we expect to get prosthetic dentistry from a man who has neglected, in his education, the principals embodying his art, any more than we could expect a carpenter to be a competent carpenter who did not know the difference between pine and hickory?

I do not want you to think too harshly of my criticisms of the average dental mechanic; but I have started and systematized many large laboratories in this country, and found the most difficult part of my work was to secure competent help, AT ANY PRICE.

Try out the average laboratory man who says he is an all-around man; give him a crown to make; suggest a two-piece crown, and mention a lower first molar, right or left; tell him to carve the cusp. Watch him that you may find out what he knows about mechanical dentistry. From my experience, when I have asked applicants to make a two-piece crown, they usually say: "Why—er—I only make seamless crowns; where I worked they only made seamless crowns."

Is it any wonder, then, that when you get a crown made by such an untrained man that it fits at the neck of the tooth about as well as a tin can will on a lead pencil? It is usually also devoid of the most important principal in crown work; namely, the contact points.

Again I wish to explain that my object is not to criticise, nor call attention to the faults of others, but to INDUCE THOUGHT; to make our fellow-workmen broader, bigger men. The whole object of this paper is to try and bring our art up to the standard of that of the jewelers, when jewelers were artists, instead of being, as many of them are to-day, incompetent, not even craftsmen in pursuit of a trade, because they do not even study physical laws.

I will admit that the average dental mechanic will turn out something that you can or do put in the mouth, by sacrificing tooth structure, strength and artistic effect; thus lowering your standard, instead of keeping it on the highest plane as a professional man.

I am acquainted with dozens of metal workers in the arts and crafts, hundreds of jewelers and thousands of dentists; and the aim of each is centered on one thing—that is, how to produce the most artistic piece of work and get the best price for it; and it is to be regretted, arts and crafts workers are the best paid; and, in point of numbers, they are as a few grains of sand compared to the sand of an ocean beach, when compared with the number of jewelers and dentists who are getting no more than a bare living out of the products of their art. Now, the reason the arts and crafts workers gets the higher prices for their work is that they have studied until they have become thoroughly scientific in their work.

A few days ago a laboratory advertisement came under my notice; it was to this effect: "We make plates, etc., for so much, because we have put our laboratory on a *factory basis*."

Imagine a doctor saying to his patient: "If you will take a seat, madam, I will send over to the factory and get a crown or plate (as the case might be), unless you can decide what you want from our handsome catalog." Think of a profession, that in order to practice it, the law requires one to have a license, being put on the same basis with a salesman who fits your shoes.

You say you cannot pay the price demanded for prosthetic dentistry, because your patients will not or cannot pay you. Is it not partially your own fault that this is the case? By bringing down the price of your labor, by selling the gold teeth (so to speak) instead of receiving that which you should for your professional knowledge.

Do you not realize that unless you raise the present standard of prosthetic dentistry to a higher plane, by doing more of the work yourselves, that is, at least making your abutments, pouring up and articulating your own models, before sending them to the laboratory, that dentistry will in time, in this country, be in the same deplorable condition that it is at the present time in England, where the dentists are dictated to by the laboratory man?

There are thousands of dentists being turned out of our colleges every year, and you can hire one now for twenty dollars a week; and there are thousands more all over the country, not making more than enough to merely exist upon, who would gladly accept a position at twenty to thirty dollars a week, as an operator, but have not the courage to apply for such a position, because of the fear of not being able to hold it, so little do they know about the advanced ideas that live, progressive men keep up to.

Their practice is small and does not educate them and they seldom attend their society meetings or come in contact with their brothers in the profession, because their financial condition is such that they are afraid to give up the time to meetings, when there is a chance that during that time they might have gotten another patient. This dentist pays the laboratory man to do what little prosthetic dentistry he has to do. Now what will the final result be? The laboratory man will own the dentist, and dentistry will have become a trade.

When a dentist is shown a piece of prosthetic dentistry that is a little out of the ordinary, how often we hear this remark: "That's a very fine piece of work, but my patients would not pay for such work." And yet I have found, in many instances, that the same men within a short time would have a case where they would conclude such a piece of work was just what was needed—this, simply because their attention had been called to this special piece of work, and their minds had been so impressed with same that they talked the patient into seeing the advantages of this work.

Now in conclusion I will say: First, educate your laboratory man to understand YOU are the doctor. Tell him to give some of his spare time to the study of anatomy, physics and chemistry; bring him to think, unless he has had a training in these three fundamental studies, that you cannot trust him with the making of a surgical appliance, which a bridge, crown or plate are in reality, if dentistry is a profession. Then, and then only, will you bring prosthetic dentistry up to where it should be.

"Dentists" Fined \$50 Each.

Two men were fined \$50 each in the Court of Special Sessions for practicing dentistry without a license. They are Millard Eroh, of 210 South 8th Street, and Robert Spundermaier, of 42 Cumberland Street, all of Brooklyn.

The Construction of a Gold Base for an all Porcelain Crown

(Fourth Article.)

BY DR. MAURICE M. RAFFIN.

When I say an all-porcelain crown, I mean either a Davis, Goslee or S. S. Whites'.

There are several ways of constructing a gold base for such crowns.

No all-porcelain crown can be well fitted to a root without the aid of a gold base, either cast or soldered.

The usual method of making a gold base for such a crown is not correct.

I will therefore describe the usual method briefly, so as to show the advantage of my method in constructing a gold base for an all-porcelain crown.

THE USUAL METHOD.

Method No. 1.

After the root has been filled as was described in a previous article, it is ground to a convex surface to fit into the concave base of the crown to be used. This crown, of suitable color and size, is then ground and fitted to the root thus prepared. A platinum dowel, one that comes with the crown or one that may be worked out for the purpose, is fitted into the canal. Both dowel and crown are fitted together into the root in the mouth. The crown is now removed from the dowel, and, using a fine stone, the base of the same is ground out for the allowance of a gold base. A piece of inlay wax is now softened over the alcohol flame. The upper portion of the dowel is warmed and pierced through the wax. The crown, dowel and wax are now placed in a glass of warm water of a temperature not capable of melting the wax. The dowel, with the wax, are then placed in the root canal and crown forced into position and so held until the wax has hardened. The surplus of wax is trimmed away with carving instruments. The crown is now removed and with a pair of pliers the dowel and wax are removed. A sprue is now warmed and inserted in the lingual portion of the wax. This is now invested, burned out and cast. The writer casts in such cases either hot or cold. If very fine margins are required, best results are generally obtained by casting hot.

If such crowns are made on roots which serve as abutments or for other attachments, the writer grinds away a great deal of the lingual portion of the crown which comes in contact with the root. This allows a greater thickness of gold lingually and permits of the desired soldering thereto.

The dowel, the casting, and the crown are now fitted to the root, and if everything is satisfactory it is removed, washed with alcohol, and the porcelain crown cemented to the dowel. When the cement is hard the gold portion is ground, polished and fitted to the root. If correct it is cemented to position in the usual way.

Method No. 2.

When constructing a gold base for either one of these crowns upon a tooth of torso, lingual or labial occlusions or for a tooth of any other irregularity, it would be impossible to make one of these crowns with a gold base as previously described. Therefore the writer uses an entirely different method. The root is prepared in the same way as above. A platinum dowel is fitted into the root canal and a base of 40 gauge platinum is burnished to the root face. Dowel and base are now soldered with pure

gold as for a darby crown. This is placed in the root canal, the platinum carefully burnished to the root and a bite and impression taken. Before pouring the impression the writer covers that portion of the dowel which originally was in the root canal with a layer of wax.

After it is poured and articulated I heat the dowel upon the model and by warming of the wax the dowel can be removed from it. The wax is then burnt out of the model and from off the dowel. The dowel is then put back into its place on the model.

That part of the dowel which extends above the platinum base which covers the root is clipped off.

A porcelain crown is now selected and ground to the gold base upon the model, allowing for the casting or soldering. A piece of platinum-iridium pin is fitted into the hollow portion of the crown and allowed to extend in length, equal to the thickness of the gold base. A piece of platinum of 40 gauge is burnished down to the base of the porcelain crown (as you would a backing for a tooth), and with pure gold united to the platinum pin. This is placed back again upon the porcelain crown and carefully burnished. Then with inlay wax, waxed to the dowel and base in position, upon the plaster model. Allow the wax to cool and with carving instruments trim away the excess thereof. The porcelain crown is now removed from the model and from the waxed up dowels and their backings. It can be either invested and soldered or a sprue is attached to the lingual portion of the wax, and the usual method of casting applied.

The writer uses this method because it allows of moving the crown in any direction when waxing it. Otherwise it would be necessary to place the porcelain crown on the same line of the root canal and dowel in it. Thereby too much would have to be ground off the porcelain crown to get an articulation, and very often even then the crown will not be on the same line with the other teeth.

To avoid failures in casting it is good to have the wax of the sprue holder cone shaped. The sprue should be very short and slightly thicker than the one that comes with the holder.

The investment (Taggarts) should be well mixed and jarred to do away with air bubbles.

Painting with a small camel's hair brush of whatever is intended for casting and blowing with an air syringe into the fine places is required.

The investment material is then poured in from one side of your ring. Investing ring should be lifted once or twice to allow any air which may be in it to become exhausted. The investment is allowed to harden without disturbing it. It should be warmed over the bunsen burner and the sprue holder removed. The sprue is heated and with a pair of pliers removed, taking care not to drop anything into the opening from which it has been taken. Investment should then be heated gradually. If to be cast hot the writer usually has the ring heated to a cherry red. If to be cast cold it may be heated until the investment comes to its natural color and it is certain that the wax is burned out. Then, after it has been allowed to cool, casting may be proceeded with. Before placing the ring on the casting apparatus the writer puts a few drops of oil on the ring receptacle. This helps in making a good union between ring and receptacle. The nugget of gold should be slightly boraxed and must be about three times the size of its casting. No more borax than already mentioned should be used.

**Opinion of Sol. Oppenheimer, Justice
Municipal Court of the City of New York, Borough of
Manhattan, Sixth District.**

The plaintiff in this case, ———, residing at ——— St., seeks to recover five hundred dollars damages for personal injuries alleged to have been caused through the malpractice and negligence of "Doctor" ———, having a dental office at ——— St., in this city.

About three years ago the plaintiff, a poor woman having three children, suffered from a toothache and called upon the defendant for treatment. Off and on he treated her a number of times in the course of many months. In the beginning of the treatment he extracted six teeth. Then he made a bridge for her teeth and later on, a plate. The bridge subsequently broke.

I find as a matter of fact that the defendant gave the plaintiff a warranty that his work was properly performed, and that it would remain in that condition for ten years. The charge of negligence and malpractice was substantiated by Dr. S——, of ——— St., a dentist who treated the plaintiff professionally. He made a very favorable impression upon me regarding his truthfulness and expert ability. I firmly believe that the teeth were improperly extracted by the defendant, and that the bridge and the plate were defectively made and did not fit the mouth of the plaintiff.

"Doctor" ———, the defendant, admitted upon the witness stand that he never had a license to practice dentistry. He also admitted that he was twice arrested and convicted for practising dentistry without a license. His nefarious business is most reprehensible and is deserving of severe condemnation. He claimed, however, that he had two very able and licensed dentists in his employ at the time the plaintiff called upon him, and that they did all the scientific work for the plaintiff. I believe, however, that the defendant himself personally attended and did dental work upon the teeth and mouth of the plaintiff. Even if the defendant's employees were licensed, that would not be a protection to the defendant. "Doctor" ——— testified that the work was skillfully and scientifically done by his so-called able assistants, but they were not called by him as witnesses. His testimony was endorsed by that of Dr. G——, a young man who claimed that he purchased the defendant's dental establishment, and stated that the said defendant is now in his employ.

The defendant is absolutely unworthy of belief. Much feeling was exhibited upon the trial, and the defendant's attorney accused Dr. S—— of instigating this law-suit against the defendant, Dr. S—— denied the allegation, and stated that he was also a member of the Bar of this state.

There is no evidence that Dr. S—— did encourage this litigation, and if he did, I think he was justified in so doing. I believe that the mistreatment of the plaintiff by the defendant was most criminal.

The defendant makes various technical defenses, one of which is that the suit is barred by the Statute of Limitation, but as the cause of action undoubtedly arose after the plaintiff discovered that the defendant was guilty of malpractice and negligence, and surely within three years of the bringing of the action, this contention has no merit. It was also argued upon the trial that the defendant filed a petition in bankruptcy, and that this claim could not be prosecuted into judgment. This contention hardly deserves passing comment. The giving of the warranty (popularly known

as and testified to as a "guarantee"), was denied by the defendant, and in addition he claimed that if it was given about the time the defendant concluded his work upon the plaintiff's mouth, that it was without consideration, and therefore a *nudum pactum*, and therefore the plaintiff cannot recover under it. The plaintiff paid directly for this so-called guarantee, and it was promised to her when she paid defendant the first five dollars on account, and she paid him in the aggregate about fifty dollars upon his promise that the guarantee would be given. She received receipts for the various payments, and upon the last receipt the guarantee was written. I find as a matter of fact and of law that this warranty was given by the defendant to the plaintiff for a valuable consideration. The defenses of the defendant are only worthy of a man who has deliberately, wantonly and negligently committed a wrong upon the plaintiff.

I will render judgment on the merits for the full amount sued for, namely five hundred dollars and the costs of the action, and will grant five days stay of execution.

The Coming Civilization and Dentistry's Place in It

By GEORGE EDWIN HUNT, M.D., D.D.S., Indianapolis.

(Read before the Kansas City Odontological Society, December 21, 1912.)

Strong presumptive evidence that the voice of the people is the voice of God lies in the fact that so little heed is paid either of them. Biblical history may be cited for proof of one half of the proposition and contemporaneous history for the other half.

Civilization is defined as "the state of being reclaimed from the rudeness of savage life, and advanced in arts and learning." Since the measure of departure from the rudeness of savage life and advancement in arts and learning must always be a comparative one, it follows that civilization can never be a completed thing but must always rest its claims for praise or condemnation upon comparison between the time of which you speak in its relation to the civilization of other times.

I fear I am not competent to judge whether our present civilization has advanced in art, as the term is generally understood and accepted, over the civilization of the past, or not. It has advanced in the art of dentistry, as we all know. In fact, all arts connected with handicrafts have doubtless progressed toward greater perfection in late years. But I doubt whether this can be said of the art of music, the art of painting, or the art of sculpture. If there are any Wagners, Bachs, Beethovens, Michael Angelos, Rembrandts, Cellinis or Phidias' in the world of art to-day, they seem to be quite successful in concealing their lights under a bushel, unless Rodin may be considered as belonging to this exalted class. Nor am I prepared to admit that the art of literature has shown any great advance, if any advance, in late years.

But in learning, and especially in the freeing of themselves from the rudenesses of savage life, the few in modern civilization have traveled far. From the days when Charles Lamb's mythical Chinaman discovered the lusciousness of roast pig incidental to the burning of his primitive shack, to a lobster palace on Broadway is a far cry; the road from Ivanhoe's rush-strewn home, dim-lighted, cheerless and cold, to the carpeted, electric-lighted, furnace-heated homes of modern middle class wealth, is a long one. The coarse and boisterous middle class life as depicted in *Tom Jones* and *Roderick Random* has been rejected for the more refined habits of modern speech and conduct. The loose morals and gross humor of the

times of Rabelais and Bocaccio have been replaced by contemporaneous thought and the kindly humor of a Clemens, a Riley and a Field.

Modern methods of production and distribution have revolutionized life and thought for those able to avail themselves of the conveniences of life in this twentieth century. Even the modest homes of our middle classes would seem marvels of convenience and luxury to the nobility and royalty of the sixteenth and seventeenth, or even the eighteenth centuries. Our scale of living, the number of former luxuries now believed to be necessities, the cosmopolitanism now entering into the lives of you and me, is far beyond the dreams of persons of our social positions a hundred years ago. When we consider the scale of living of our grandfathers and compare it with that of our own lives, we cannot help but admit that some of us have gone far in freeing ourselves from the rudenesses of savage life. The effects are patent in our daily lives and are even more pronounced in the lives of those with greater wealth than we have.

But how about the lower classes—the proletariat—the millions who depend upon manual labor for their daily bread? Has the advance in the scale of living, the indulgence in necessitous luxuries, extended itself to their ranks? Are they proportionally better housed, better paid, better fed, better cared for? I think not. The Pittsburgh survey showed a most deplorable condition of affairs, some of which, I rejoice to say, have been corrected. The report of the Chicago commission on the White Slave traffic and vicious conditions generally does not argue a very advanced form of civilization in the treatment of poverty-stricken womankind. The exposure of the intimate relations existing between the gamblers and the police force in New York City argues a defective slant in our civilization in that direction. Indeed, no matter in which direction you investigate nor in what section, urban or rural, you are eventually forced to the conclusion that our present civilization has failed in bettering the conditions of the masses in the proportion it has bettered the conditions of the classes.

Several millions of able-bodied men are idle in this country to-day because they can get no work. Other scores of thousands are working shifts so long their health is being endangered and social life has been interdicted. Thousands of prostitutes swarm the streets of our cities and surreptitiously ply their vocations in our towns and villages, spreading social diseases far and wide, because our modern civilization does not provide them with other means of existence. Thousands and thousands of babies—one thousand each day—are dying each year because they live in unfit habitations and are fed unfit food, and the spirit of each departed one deepens the gloom o'erhaunting our modern civilization.

It is claimed for the United States that we waste our natural resources with prodigal lavishness—that we waste the material requisite for life recklessly and without thought for the future. I believe this to be true, but what is even more alarming is the waste of our greatest and most valuable asset, our citizenry. Those thousand babies a day are a more prodigal and useless waste than any waste we have experienced in our forests, our water rights, or our mineral resources, appalling as these latter have been. The economic waste due to filling our insane hospitals, our reform schools, our sanatoria, our hospitals, our institutes for the blind, and our other charitable institutions, with children and men and women suffering from preventable diseases, is a greater one than any mentioned in our conservation congresses. It is a waste of our vital asset—the flesh and blood, marrow and

bone, which constitutes the greatest strength of a nation. An intelligent, able-bodied citizenry is the one asset of a nation always quoted at par or above; the one asset which never depreciates in value; the one natural resource which is sure to show a healthy increase from year to year and which never subtracts from the nation's material prosperity.

Will the time ever come when we cease to inflict preventable physical troubles on our unfortunates; when we live and let live as an intelligent civilization would demand? I sincerely believe it will. The publicity being given knowledge of these matters, a gradual public conscience awakening now in progress all over the civilized world, statistical investigations past and prospective, all point to a higher plane of civilized life for all the people, the masses as well as the classes. If you will bear with me I should like to tell you of a few of the things this newer civilization will bring to the world.

One of the most important features of the coming civilization will be the sterilization of those unfit to procreate children. I would sterilize habitual criminals, surely. Figures now being compiled indicate that thirty-five per cent. of the Indiana born criminals of record in Indiana's penal institutions since accurate records have been kept, are the descendants of one hundred and fifty families. More than one-third of the Indiana born criminals in detention in the State have a criminal ancestry and all of them put together come from one hundred and fifty families. So that Indiana has been spending hundreds of thousands of dollars yearly to furnish secure places of detention for the offspring of a few criminal families who lived a few score years ago. And as the years roll on and these tainted descendants marry and transmit the taint to their children, the circle of potential criminality ever widens. Is it right, or fair, or just, or expedient that these men and women, the ancestry of many of whom traces directly back through generation after generation of criminals for scores of years, should be allowed to procreate others almost certain to follow the criminal footsteps of their parents? I think not and therefore I would sterilize these habitual criminals, the offspring of habitual criminals. Some day we may be able to eradicate the habitual criminal from society by surgical, therapeutic, or sociologic treatment, but until that day comes society should be protected from them by the slow but sure process of sterilization.

I would also sterilize the criminal insane, the hopelessly insane, imbeciles, habitual drunkards, and all others in whom procreation is reasonably sure to result in offspring undesirable from an economic or a sociologic standpoint. Dr. Harvey W. Wiley, in a speech before the National Conservation Congress, in Indianapolis, in September, 1912, derided the idea of improving the human race by selective breeding, and I think he is correct. So long as we have emotional human beings to deal with, we cannot scientifically breed children as we do domestic animals, and I do not know of any authority on or student of eugenics who ever asserted that we could. But we can do wonders on the other end of the proposition. If we cannot practice selective breeding, we can at least accomplish much the same result by abolishing the mating of the morally and physically unfit by means of sterilization.

Indiana was the first State in the Union to pass a law legalizing the sterilization of habitual criminals. One or two other States have since passed such laws and in several other States they are contemplated. Their universal application will result in largely emptying our penitentiaries, jails and reformatories in a few decades and do much to advance the new civilization.

In my new civilization there will be no poverty, no hunger, and but little sickness. When I say "no poverty" I do not mean that all people will have an equal amount of this world's goods, for they will not then any more than they have now. But there will be none that lacks good clothing, suitable for the season, and good food and plenty of it. Or if they do, it will be because they will not work. But the new civilization will afford the opportunity to all who are able and willing to work, to be adequately clothed and amply fed. And it seems reasonable to believe that with a citizen body born of healthy, virile parents, which is guaranteed by the sterilization of those unfit to procreate, with good clothing, adequate sanitary dwelling places, and good food, illness will be reduced to a minimum. There is enough leather in the world all the time to make enough shoes so that all the people all the time may have whole shoes; there is enough cotton and flax and wool in the world all the time for every one to be comfortable and decently clad; there are enough bricks and lumber and nails and lime and metals in the world all the time for everyone to have comfortable, sanitary dwelling places; there is enough corn and wheat and beef and other food-stuffs in the world all the time to keep everyone from being hungry.

What can we say in defense of a civilization which starves men and women and children; which allows a few to profit from the labor of children while refusing work to their fathers; which murders humanity by the scores of thousands each year by means of unsanitary surroundings during both their work time and their non-work time; which permits a few to wear sealskins and ermine and the many to suffer and shiver from insufficient clothing? And all this when the country is more prosperous than any country has ever been in the history of the world; when the materials needful for right living, material for food, for shelter, for clothing and for heat, were never so plentiful nor could be secured by the first owner so cheaply.

The new civilization will correct this abnormal state of affairs. It is folly to boast of our great land of the free and home of the brave as it exists to-day. Let us save our boasting until we can point to a land free from poverty, hunger, unnecessary suffering, and preventable disease; a land where children are not forced to work for the daily bread of their parents; where girls and young women are not forced to choose between prostitution and starvation.

In the new civilization great care will be taken of our children, for the new civilization will recognize that these children, the future mainstays of the State, are the most important natural resource the country has. So, in our new civilization, the pregnant mother will be regularly visited by the community physician and the community nurse. If her surroundings are not adapted to ideal childbirth, proper quarters will be provided for her. Wholesome food, sanitary surroundings, fresh air, plenty of light, and good cheer, will assist her in bringing a healthy, normal child into the world. And after the child is born the State will ever stand ready, with full authority, to take charge of the mental and physical welfare of that child should the parents prove incompetent or unable to rear it in the proper manner. Its physical welfare will be looked after by the communal physician, dentist and nurse; its intelligence by the communal teachers. It will grow up to be a normal minded, normal bodied adult, efficient and capable; a good citizen in a community of good citizens.

In the new civilization the physician and the dentist will be servants of the State or community. Let me quote a portion of Bernard Shaw's preface

to his play, "The Doctor's Dilemma," which runs as follows:

"It is not the fault of our doctors that the medical service of the community, as at present provided for, is a murderous absurdity. That any sane nation, having observed that you could provide for the supply of bread by giving bakers a pecuniary interest in baking for you, should go on to give a surgeon pecuniary interest in cutting off your leg, is enough to make one despair of political humanity. But that is precisely what we have done. And the more appalling the mutilation, the more the mutilator is paid. He who corrects the ingrowing toe-nail receives a few shillings; he who cuts your insides out receives hundreds of guineas, except when he does it to a poor person for practice.

"Scandalized voices murmur that these operations are necessary. They may be. It may also be necessary to hang a man or pull down a house. But we take good care not to make the hangman and the house-breaker the judges of that. If we did, no man's neck would be safe and no man's house stable. But we do make the doctor the judge, and fine him anywhere from sixpence to several hundred guineas if he decides in our favor. I cannot knock my shins severely without forcing on some surgeon the difficult question, 'Could I not make a better use of a pocketful of guineas than this man is making of his leg? Could he not write as well—or even better—on one leg than on two? And the guineas would make all the difference in the world to me just now. My wife—my pretty ones—the leg may mortify—it is always safer to operate—he will be well in a fortnight—artificial legs are now so well made that they are really better than natural ones—evolution is towards motors and leglessness, etc., etc.'

"Now there is no calculation that an engineer can make as to the behavior of a girder under a strain or an astronomer as to the recurrence of a comet, more certain than the calculation that under such circumstances we shall be dismembered unnecessarily in all directions by surgeons who believe the operations to be necessary because they want to perform them. The process metaphorically called bleeding the rich man is performed not only metaphorically but literally every day by surgeons who are quite as honest as most of us. After all, what harm is there in it? The surgeon need not take off the rich man's (or woman's) leg or arm: he can remove the appendix or the uvula, and leave the patient none the worse after a fortnight or so in bed, whilst the nurse, the general practitioner, the apothecary and the surgeon will be the better. . . .

"To make matters worse, doctors are hideously poor. They are offered disgraceful prices for advice and medicine. Their patients are for the most part so poor and so ignorant that good advice would be resented as impracticable and wounding. When you are so poor that you cannot afford to refuse eighteenpence from a man who is too poor to pay you any more, it is useless to tell him that what he or his sick child needs is not medicine, but more leisure, better clothes, better food, and a better drained and ventilated house. It is kinder to give him a bottle of something almost as cheap as water, and tell him to come again with another eighteenpence if it does not cure him. When you have done that over and over again every day for a week, how much scientific conscience have you left? . . .

"What then, is to be done?

"Fortunately we have not to begin absolutely from the beginning: we already have, in the Medical Officer of Health, a sort of doctor who is free from the worst hardships and consequently from the worst vices, of the private practitioner. His position depends, not on the number of people

who are ill, and whom he can keep ill, but on the number of people who are well. He is judged, as all doctors and treatments should be judged, by the vital statistics of his district. When the death rate goes up his credit goes down. As every increase in his salary depends on the issue of a public debate as to the health of the constituency under his charge, he has every inducement to strive toward the ideal of a clean bill of health. He has a safe, dignified, responsible, independent position based wholly on the public health, whereas the private practitioner has a precarious, shabby genteel, irresponsible, servile position, based wholly on the prevalence of illness."

The same argument applies to dentistry under our present form of civilization. Why have we advertising dentists; why have we quacks and fakirs in both medicine and dentistry? Why have we men who will put ill-fitting, all gold crowns on anterior teeth that need nothing but proximal fillings; why have we men in dentistry that will put crowns and bridges in the mouths of their patients that are so ill-made and unsanitary as to call forth such a protest as was made by Dr. Hunter recently; why have we men in the dental profession that will commit a score of other atrocities with which you are familiar? Why have we dishonest physicians promising in their advertising to cure cancers without the knife, and to cure gonorrhoea and syphilis in a few days' time? Why do we have all these and many more intolerable conditions in our present civilization? Why are dental and medical journals printing articles on the business side of those professions, articles that are read with avidity by the majority? Because, under present conditions, in both professions, many practitioners are hard put to it to live. Some of these, either from incompetency or ill luck, failed to attract a paying clientele in their early years in practice and drifted into quackery; others deliberately selected quackery because they believed there was more money in it than in an honestly conducted practice. In either event, they are dishonest and dishonorable practitioners because of their chase after dollars.

The new civilization will correct that condition. The community dentist will have no incentive to do bad work because he cannot get any more money by doing so, and he will have every incentive to do good work for that may mean his call to a wealthier clientele and a higher salary. His best efforts will be directed toward the prevention of caries, not to the repair of its ravages. In every operative procedure that presents, his thought will be, "How can I best conserve this tooth?" not "What operation here will bring me in the most cash in the shortest time?" It is just as absurd to make a poverty stricken dentist the judge as to whether a molar shall be crowned for five dollars or filled with amalgam for fifty cents, the dentist to be the beneficiary in either event, as it is to make a poverty stricken physician the judge whether a tonsil shall be removed for fifteen dollars or a cathartic be prescribed for fifty cents, he to be the beneficiary.

So I bring you a message of good cheer, a surcease of sorrow for quackery. The new civilization will bring with it many ameliorative features for present abominable conditions, but none will be more welcome and more worthy than the communal physician and the communal dentist, whose watchword will be prevention and whose labors will be along the lines of what is best and most helpful in their profession, and with no hope or thought of personal aggrandizement save that which naturally and legitimately comes in the train of true professional success in their chosen field of work.—*Oral Hygiene.*

...The Progressive Dentist...

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EDITORIAL DEPARTMENT

Here is good cheer for the dental profession of Greater New York. Indeed many a despairing soul whose sympathetic heart always beat for his colleagues in misery, will have found a new fountain of hope. Many a valiant champion, who has hitherto fought single handed, will feel rejuvenated, and his fighting spirit vastly increased when at last he will find that the dentists of Greater New York are seriously at the constructive task of building up a dental organization. Here is that which makes our hearts beat faster and our pulse quickened:

The three officially unrecognized dental societies in Greater New York are determined to form a harmonious union for the carrying on of certain activities requiring a centralized power.

To that end each of the three societies elected five delegates who met in several sessions and organized. The purpose of this alliance is masterfully set forth in a constitution, which will be printed in some future issue of the P. D. From that document which now goes to the respective societies for confirmation, it is easy to observe that the delegates to that alliance, or "Allied Dental Council," as it is constitutionally to be known, profoundly grasps the fundamental needs of the profession. It is also observable that they know how to attempt to minister to those needs.

In view of these facts we entertain great hopes that the respective societies will sanction the constitution in its entirety. The Allied Dental Council in order not to be a rope of sand that would perish in twisting must have certain powers of considerable latitude. And if the activity that called the Allied Dental Council into being is the first of a series of activities by it, we may indeed hope to reap in a fruitful harvest from its doings.

The Allied Dental Council will work among a class of dentists who need organization most and the success to organize them will open up a new era for the overwhelming majority of the dentists of Greater New York. Hitherto professionally and officially this majority was ignored. It not being organized, was easy prey to misrepresentations by those having constituted themselves the profession.

The new era would come about only through the success of a good portion of the program of the Allied Dental Council. The awakening to self-consciousness of a majority of the profession would sound a warning to the "powers that be." The honest and noble men in the *higher circle* would come to a realization of the wrong and injustice of things as they are now. And the very small circle of individuals, with their dishonesty of purpose, would cease to oppose a policy of justice.

If we had a strong organization it would be impossible for certain individual members of the State Dental Society to vilify and misrepresent a disfranchised majority of the profession, as was done in the past. We should then have the means of thoroughly bringing things truthfully to light. And nothing is more shunned by vilifiers, who always resort to misrepresentation for the purpose of covering up their nefarious motives, than light.

Here is from a Contemporary

"Volume II No. 2 of 'The Progressive Dentist' has reached our desk. This new journal, published in New York City, aims to be of value to study circles, and the general tone is commendable. The periodical has not received much journalistic support, but the American Dental Journal takes pleasure in encouraging any attempt which hopes to improve surroundings, even if the distance of contact be small. 'Large oaks from acorns grow' Franklin says. 'Children grow to be men'. (The American Dental Journal December Issue.)

BISEXUAL COSMOGENY

—By—

A. H. WHITE, M. D., Professor of Physiology, College of Physicians
and Surgeons of San Francisco.

Karyokinesis

Chromatic wizardry of micro art,
Unfolds the micro-cosm as a dream
Fleets by the soul, awander ere the gleam
Of dawn—the integrating worlds that start,
In vibrant dreaming of the chromosome
The mystery that holds the key to God;
The plasmic masterpiece, soul from a clod,
Seeking the crested heights to read the tome
Of universal Mind. Limned in its ruth,
On far horizons of the elder years.
Gleams thru the shifting Scheme, and human tears,
In basic bursts of light, the altared Truth.

* * * * *

So, from the shattered caverns of the night,
Man moves him toward the calling of the light.

Philip Haley

Reprint from PACIFIC MEDICAL JOURNAL, July, 1912

BOOK REVIEWS

Brother Bills Letters in Bookform

Second volume of Brother Bills' Letters and Business Building articles is before us at this writing. It fills a need which is deplorably neglected on the part of our Dental Colleges. Dentists are sent forth from those institutions without any advice whatsoever how to apply their training to financial advantage.

We recommend those letters and articles to every dentist as a help to overcome difficulties arising from the financial side of a practice. The book may be obtained from The Dentists Supply Co., 47-65 W. 42d St., New York City.

The New Review

With the commencement of the current year "The New Review" made its appearance. It is a weekly review of International Socialism published at 150 Nassau Street, New York City. It fills a long felt need in the East and we wish it success. We have the first three copies before us and they are filled with a high quality of journalistic material. The pleasant size of the type, good quality of paper and general makeup of the magazine are highly commendable. Those of our readers who will subscribe to it will profit greatly by its pages from which it is so delightful to read.

Socialism Summed Up

The purpose of this book from the pen of Morris Hillquit is to state the case of the Socialist Movement plainly and dispassionately. The reasonableness of the book is bound to attract the average person, man or woman, and they will understand it because of its being so plain.

Many new recruits for the party are sure to be made and many misunderstandings to be cleared away by it.

Some paper copies the cost of which is 25c per copy can be had from the National office of the Socialist Party, 111 Market Street, Chicago, Ill., or through the office of the "Progressive Dentist."

The Intercollegiate Socialist

The first issue of the "Intercollegiate Socialist," a quarterly magazine, published by the Intercollegiate Socialist Society, has reached us. Comrade Harry W. Laidler, the organizer of the Society, is the editor. Price per copy 5c. Here is wishing the magazine success.

We give below the editor's announcement of the policy of the new magazine:

FOREWORD.

It is a distinct pleasure to announce that the Intercollegiate Socialist Society has reached that stage in its development when it must possess a more adequate organ of expression than the I. S. S. Bulletin, if it is to respond, as it should, to the ever increasing demand for "light, more light" on the meaning of the world-wide movement for industrial democracy, known as Socialism. In response to these demands, the Society has decided to publish an I. S. S. quarterly, the "Intercollegiate Socialist." It shall be our endeavor to increase the size of this quarterly and to add new departments thereto as rapidly as the situation warrants.

The aim of the quarterly will be primarily educational. We shall strive to portray with faithfulness the International Socialist Movement in all of its manifold aspects. We believe the field for usefulness is vast. We urge your co-operation.

You can co-operate,—(1) By ordering as many copies of the magazine as possible for distribution among your friends;

(2) By patronizing our advertisers, and by mentioning the Society's name in your correspondence with them;

(3) By sending us any suggestions you may have for the quarterly's improvement.

DENTAL SOCIETY NEWS**HARLEM DENTAL SOCIETY**

Meets the Fourth Thursday of each Month at

THE SAVIGNY

229 Lenox Ave. Bst. 121st and 122nd Sts.

Dr. W. S. ENGELBERG, Sec'y
2400 Seventh Ave., New York**EASTERN DENTAL SOCIETY**

Meets the First Thursday of each Month at

CAFE BOULEVARD

156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y
330 E. 4th Street, New York**KINGS COUNTY DENTAL SOCIETY**

Meets the Second Thursday of each Month at

THE WILLOUGHBY MANSION

667 Willoughby Ave., Brooklyn

Dr. A. FRIEDENBERG, Sec'y
Bushwick 452 Ave., Brooklyn

A regular meeting of the Harlem Dental Society, was held Feb. 27, 1913. Dr. M. L. Rhein delivered a talk on "Root canal treatment and filling." The lecture was illustrated by a collection of lantern slides.

Dr. A. R. Starr, professor of Operative Dentistry, at the New York College of Dentistry, discussed the paper with the aid of a number of slides, that he brought along for the occasion.

A vote of thanks was extended to both speakers.

Dr. Rhein and Dr. Starr were elected to honorary membership of the Society.

The Chairman announced the Banquet of the Kings County Dental Society, that is to be held at the Willoughby Mansion, 667 Willoughby Ave., Brooklyn, on Friday evening, April 4, 1913.

The meeting was then adjourned.

The next regular meeting of the Society will take place on Thursday, March 27, 1913.

Dr. Wm. Dwight Tracy will read a paper on "The indirect method and its appreciation to the making of matrices for porcelain inlays and cast gold restorations." Dr. Herman Chayes, and Dr. Straussberger, of Newark, will open the discussion.

The next regular meeting of the Kings County Dental Society will be held at our quarters, 667 Willoughby Avenue, Brooklyn, on Thursday, March 13th, 1913 at 8.30 P. M.

Great pressure has been brought to bear upon the Executive Committee by membership for a meeting devoted to practical clinics and discussion upon the incidents of office practice.

The Executive Committee has arranged for a number of clinics by men who have achieved great success with the methods which they will demonstrate. You cannot afford to miss this as they will enlighten you on the most modern methods of mastering the difficulties which confront us in the dental profession.

Under incidents of office practice a "question box" will be instituted whereby each one will have an opportunity to present to the members of this Society any Dental problem, that he wishes to be enlightened upon.

A very important matter will be the discussion upon our new revised constitution and by-laws. Also the presentation by the Committee of the Dental Federation of their constitution for ratification.

The Banquet Committee asks that reservations for seats, accompanied by remittance, be sent at once to the Chairman, Dr. M. William, 699 Manhattan Ave., Brooklyn.

This meeting being the last before the Banquet, all arrangements have to be completed before then.

If you wish to make our Banquet a success, send in your check immediately.

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES

According to an announcement made by Dr. Weisse, our dean, the college term will be increased to four years instead of three, as at present. This law will go into effect in the year 1915.

There is a rumor that the College is negotiating for lots in the neighborhood of 42nd St., for the purpose of erecting an up-to-date building with latest improvements. The new college building is to be completed by the latter part of 1914.

Note:- Mr. Wm. Winter, 1914, has been elected college reporter for the Progressive Dentist. All communications are referred to him before they are printed.

Silhouettes.

"Reuben," said I once to my restless, struggling friend whose spirit and lofty ideals, like the Cartesian Diver, came shooting up every time outside pressure was relieved, "do tell me, why are you going to take up dentistry in preference to any other profession?"

Reuben's face writhed with secret pain and for a while he did not answer. "Ah, if you but knew!" he at last sighed, as if to himself. "At this moment," he went on, "I know of dentistry and its possibilities as little as I know of any other profession—which means nil. Natural inclination, self-development, etc., do not determine my present choice; it isn't what I like, it is what I can get that determines it."

He smiled bitterly. "You see," he continued, and there was a defiant ring in his voice, "poverty and I are at war. It has been and is a relentless, ceaseless war. My soul is seared and bruised with the wounds of battle. In my days of innocence and faith my fondest hopes were to reach out for knowledge and all the word implies—to enlarge my sphere of intellectual activity and gain thereby a wider field for the unfoldment of mind and soul. But I had found that life does not tolerate such youthful aspirations. Hence my present efforts to harness some specialized branch of human knowledge and work it to provide me with the means that seem to make respectable life possible. And, as dentistry is still lying in the path of least resistance, dentistry is going to be my profession."

Reuben is now a senior student in a prominent dental school. He is hustling with many others to meet the great and final tests. Will he meet them successfully?

From his freshman days down to the present day, his has been a long and wearisome struggle to make ends meet. He had bought a second-hand dental engine for very little money, since he could by no means afford to buy a new one. But it broke down on the second trial and he keeps on repairing it ever since. In his operative outfit Reuben only has the instruments that the school authorities make it compulsory for each student to possess. And these are mighty few. He has an old pocket knife which he uses as a plaster spatula, as a plaster knife, as a wax spatula, as a cement spatula, as a vulcanite chisel and as an instrument for divers other useful purposes.

Of all the reference books he hasn't any worth mentioning. How could he have them? Does not each one cost money enough to pay for a week's board and lodging? Reuben, however, had long ago found out that a few cents' worth of "notes" answers the purpose better than a costly, voluminous text-book. For these notes, as you must know, are happily freed of all superfluous matter, are extracted, condensed and prepared like the breakfast food to which you only have to "add hot water and serve."

Every year, as soon as the lecture season closed, Reuben had to rush back to work, thus depriving himself of the advantages of the summer infirmary practice. He had to earn his tuition fee—if nothing else.

And now, plucky, tireless Reuben is preparing for the great and final tests. Will he pass them? And if he will, what sort of a "Doctor of Dental Surgery" will he make?

DAVID TABAK, '14. N. Y. C. D.

Why Should a Doctor be a Socialist?

By DR. ANTOINETTE A. KONIKOW.

In discussing this question I intend to point out also some phases of the problem which are usually overlooked. I mean the economic condition of the physician himself as a breadwinner, the corrupting influence of our capitalist era upon the medical profession itself and the tendency of his profession to center more and more in hospital and sanatorium work.

There are yet some idealists and dreamers among our youth who, like some of my colleagues and myself, undertook the study of medicine with the ardent desire to help humanity, to prevent and relieve suffering.

But the majority of our modern college boys and girls are already infected by the present business world conception of life. Many of them had to earn their living from early childhood and they settle upon medicine under the impression that they are entering a highly respected, well paying profession.

The idealist will soon learn from experience that the present condition of society hampers and absolutely prevents the true application of medical science to life. The practical man and woman (and while speaking of "the physician" I always mean both sexes) will soon realize that medicine has changed from a highly respected noble profession into a mere business proposition, where capital and business abilities count more than knowledge or help to acquire more knowledge, where the physician scantily provided

with means is just as dependent upon the welfare of the workingman as the small grocery man or the dry goods merchant.

Medicine has made tremendous strides in all its branches, especially in the problems of prevention. Bacteria has been discovered to be the cause of almost all diseases, and the study of bacteriology has revealed that filthy hygienic conditions are mainly responsible for the growth and multiplication of bacteria.

It was also proved that the healthy body of man can easily resist the invasion of bacteria, for normal healthy blood produces certain protective elements which are able to defend the body from the influence of bacteria and their toxins. Most other diseases, whose primary cause is connected with some disturbances of other kinds, are also proven to depend upon the general condition of the human body. It is the weak human frame that succumbs. No wonder that in all medical books the paragraph concerned with prophylaxis (prevention) of disease always contains about the same words: Poor hygienic conditions, poor food, overwork, worry, poor inheritance.

Thus the physician is at once brought face to face with the question of social improvements for the purpose of preventing disease. The physician finds himself entirely helpless as an individual. His advice to his client to avoid results of poor social conditions sounds like derision, his treatment can only be a farce.

If a physician is sincere and earnest he must necessarily get interested in the question, whether poverty and overwork are a necessity in our highly civilized age, whether there are no means and ways to procure the fruit of progress to the whole of mankind.

This interest is inevitably helped and urged on by the tribulations and disappointments which the physician experiences as a breadwinner.

The profession is divided into different classes according to their value in dollars. The physician who is well provided with earthly goods can study a specialty, he can afford to wait till the well-paying patient of the richer class, attracted by the physician's hospital fame (legal advertisement), will begin to patronize him. His display of wealth assures him patronage, for, according to the conceptions of present society, wealth is a sign of personal ability.

The physician who starts practice without capital is squeezed between the specialist and the hospital. To attain success he has to use all kinds of tricks of legal self-advertisement. He joins lodges, churches, political clubs, makes friends with prominent citizens, and, if necessary, even marries for money's sake, because he knows now that money is the key that opens the door to victory. If either chance or his own character prevent him from establishing himself on the upper crust of society and he becomes dependent upon clients of the working class and poorer middle class, then small fees and cheap lodge work will soon open his eyes as to his own economic condition. Then every panic or strike is felt by the physician at once. Like a workingman, such a physician is always just "pulling through," and, in addition to this, he has the continual worry of being obliged to "keep up appearances." Deduct from the average income of a general practitioner the extra expenses connected with his profession and you will find that he hardly has more than an average well-paid worker.

The keen competition, the business spirit which has invaded the profession and the poverty of the patients brings about a distrust between the patient and physician which is painfully felt by both sides and lowers the respect, which was once paid to the profession of medicine.

An insight into the work of a lodge physician reveals the utter degradation which the profession has reached. The general practitioner cannot help realizing that he is but a go-between of the client and the specialist, or the patient and the hospital. His work becomes more and more limited.

The tendency toward hospital and sanatorium work is a natural outcome of the progress in medical science, its branching out in so many specialties, its complicated tests and the fact that the nursing and hygiene at home is usually entirely unsatisfactory.

It is true, that hospitals at present also cannot escape the influence of capitalism. We see it in the graft in its business control, in the wretched salaries paid to nurses and physicians, in their overwork and in the discriminations made between the rich and the poor. And still hospital and sanatorium work is the hope and desire of many physicians, for the working hours are fewer, the salary steady and the scientific interest receives more satisfaction.

The greater extension of hospital work exposes to the physician the trend of our times toward concentration and organization of all human work, expressed so much more prominently in the industrial life of society. The idea of possible social and democratic control of the profession of medicine is thus suggested to him.

Heavy responsibilities, long, often endless hours of work, low conversation, scanty time for study and advancement, unsatisfactory result in practice due to the economic conditions of the patients—all that stimulates the discontent of the physician and induces him to search for a remedy.

Wherever he turns he finds poverty and exploitation at the bottom of all physical and moral misery. His own profession is corrupted and degraded by the hard life struggle in society.

If he cannot cringe and live before the conqueror—the exploiter—then he must throw his lot with the sufferers—the workers—with whom his own life is so closely connected.

Humanitarian considerations, personal dissatisfaction, the understanding of the tendency of social evolution will lead the physician to accept the truth of Socialism and thus give him inspiration and hope in his difficult daily task.—*New York Sunday Call*.

Optimism and Pessimism

By ANNA M. BARNARD.

"Oh, dear!" sighed Susie, "I wish it wasn't time to go home. I love to be here where there's fun."

"Why?" asked Nettie. "Don't you have any fun at home? Can't you and Winnie play and sing and dance, and sometimes make candy? Isn't your Papa and Mama good?"

"Yes, Pa and Ma are good," Susie replied slowly, looking thoughtfully out of her neighbor's window toward home. "Minnie is good too, I guess."

"What is the matter at your house?" asked Nettie, approaching the unhappy child, while Grace, her younger sister, dropped her playthings, and looked on inquiringly.

"Pa just reads and talks all the time about awful things, reads about awful bad capitalists and starving strikers and mean police; and then he talks to Ma about them. Ma, she shakes her head and says it's a shame, and it's awful. She looks so sad sometimes, and looks just like she'd cry. There's going to be a great struggle. Ma and Pa says so. They say we must be brave, and make sacrifices. Them sacrifices are bad things a-comin' for they make Pa and Ma afraid when they talk about them. Sure, we're all going to starve and freeze for the big capitalists has all the coal and all the things to eat. We're just awful miserable."

"Oh, Susie!" protested Grace, who had now moved away from her playthings. "We are glad every day. Papa is always glad. He sings and whistles all the time, and nothing bad can happen to us when he is glad. He comes home from work and makes lots of fun for me and Nettie. Mama is happy, too. She laughs great big laughs when Papa plays with us. Come over here, and we'll give you some fun."

Susie looked doubtfully at the happier child. "Pa and Ma thinks the capitalists will get everything in the world, maybe," continued Susie, "and if they do, we will starve and freeze. Pa and Ma belong to the movement. They look afraid all the time. I know they never had any fun. I wish there wasn't any movement nor capitalists, then I believe we would be happy."

"Oh, poor Susie," exclaimed Grace, sympathetically. "No miserable movement will get us. We don't belong to nothing miserable. Papa and Mama are always glad, and they wouldn't let anything get us. It must be they *own* a movement and don't belong to one. Papa don't believe in slavery, I know he don't. He's a Socialist, too, but he laughs and laughs lots of times."

"Oh, my Pa and Ma are Socialists, too, but they don't laugh," replied Susie. "Winnie said the other day she's a Socialist now, and she says I'll be one. She reads and reads about the capitalists, and she don't laugh now, neither. She's gettin' the movement bad."

Nettie, the oldest of the trio, had, for a few moments been listening and thinking. "Papa wouldn't let us suffer," she said with assurance. "He wouldn't let anything hurt us. I heard him one day tell Mama that me and Grace must not be worried about the great big things he calls *problems*. He said little boys and girls should be happy, and not think about big things till they grow big. My Papa told my Mama that only the glad are strong, and said we must grow up glad so we can be strong. Oh, I know this is true, for when I have fun I feel so strong that I could lift anything, and the other day when Papa came home and said another Socialist was elected he turned a handspring because he was just glad."

Susie turned to go. "I hate the capitalists," she said, "and the Socialists, and the strikers. I hate everything that won't let me and Minnie and Pa and Ma be happy;" and with a look of bitterness she walked out across the lawn toward home. At her own gate she paused, and looked back at the house she had left. "Maybe Pa and Ma ain't got the happy kind of Socialism," she said to herself. "I guess that's it."

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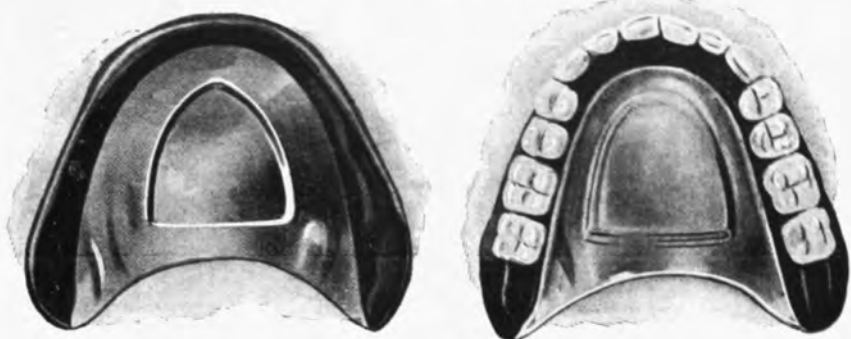
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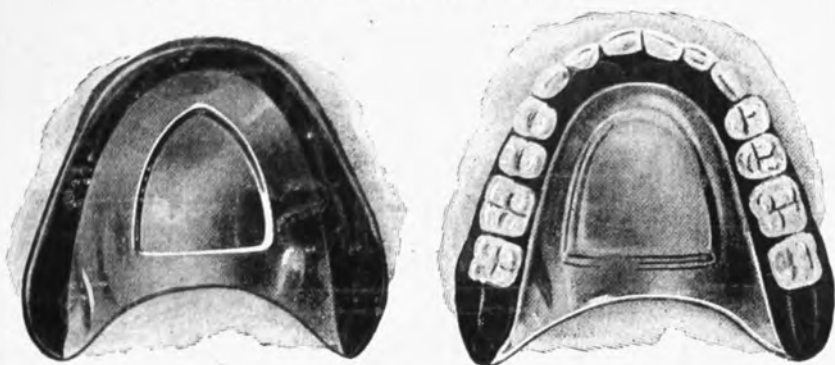
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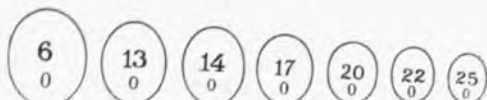


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The Progressive Dentist

Vol 2

April 1913

No 7

Pyorrhea Alveolaris

By Drs. A. M. BIRKHAHN AND MAURICE GREEN.

The name Pyorrhea Alveolaris has led to a great deal of confusion, as it is being applied to the various stages in the development of a pathological condition.

Pyorrhea Alveolaris is an osseous lesion, an atrophy of the alveolus which causes denudation of the cervical margin of the tooth. As the process progresses, pockets are formed between the teeth and alveoli, and thus places are created for lodgment and retention of food debris, pyogenic bacteria, etc. The disease does not come on spontaneously, but is a result of continued irritation, which ends in suppuration; a discharge of pus from a tooth socket, however, is not necessarily pathognomonic of pyorrhea, as it may be due to some other cause, as for instance, a blind abscess.

Notwithstanding the vast amount of literature on this subject and the improved technique in treating this disease, pyorrhea alveolaris still remains the *bête noire* of the dental profession and causes the loss of more teeth than any other disease.

The etiology of pyorrhea still remains obscure. Some writers, among whom may be mentioned the Father of Oral Prophylaxis, Dr. D. D. Smith, of Philadelphia, claim that the pathological condition is entirely of local origin and is "simply a disease of filth." Their claim is strengthened by the fact that thorough removal of the salivary and serumal calculi, and polishing the crowns as well as roots of the teeth, lead to a cure and prophylactic treatment at regular intervals prevents recurrence of the original condition.

The disease, according to these writers, is due to some injury of the alveolar tissues, either mechanical, chemical or both. Some common causes are ill fitting dentures, unfinished fillings impinging on the surrounding tissues, poorly contoured or improperly articulated fillings, ligatures left under the gingivæ, ill fitting crowns, improperly constructed bridgework, too rapid moving of teeth—all of which tend to keep up an irritation and invite the deposition of food debris. The latter undergo fermentation (chemical irritant) and the resulting products act as irritants and inflame the gingivæ. When these tissues become sufficiently reduced in vitality, pus forms and true pyorrhea is present.

It is rather singular in connection with the above statements, that one of our ablest dental therapeutists—Dr. J. P. Buckley, of Chicago, who has always been an advocate of the constitutional theory of the etiology of pyorrhea, has of late modified his views considerably. In his latest paper on this subject, he dwells chiefly on local conditions as the etiologic factors in inducing pyorrhea and on the local treatment of the disease. Although he claims that in some instances there may be an interrelation between the general systemic condition of the patient, and the existing pyorrhea, Dr. Buckley does not even suggest any mode of constitutional treatment.

Other writers again lay principal stress on the systemic origin of this disease.

Throughout the entire economy we find that some organs take up part of the work of others when necessity arises; for instance, the skin and lungs take up part of the burden of the kidneys, whenever the function of the latter is interfered with; during inactivity of the intestines, some of the effete matter is gotten rid of through the kidneys and lungs. A similar condition is supposed to exist in the so-called gingivæ organ. The latter, it will be recalled, is a name given to a group of cells of glandular character located under the gingivæ. (Prof. J. Bethune Stein claims that the existence of this so-called gingivæ organ, although referred to by a few histologists abroad, has never been scientifically demonstrated.) Whenever there exists an interference with the function of the excretory organs and certain toxins are retained in the blood, this, the gingivæ organ, takes up a part of the burden of throwing off the effete matter—which is retained under the free margin of the gum and produces an irritation; this latter, in time, results in an inflammation. The congestion of the blood vessels of the pericemental region follows with an extravasation of serum charged with products of decomposition; thus a deposition of serumal calculi around the roots of the teeth takes place; this process usually runs a benign course until the tooth is finally exfoliated. If, at any stage, infection takes place a production of pus ensues and a true pyorrhea is developed.

The theory of the exponents of the opposite view is well illustrated in the following quotations.

Dr. M. L. Rhein states:

"A careful investigation of the views held by authoritative writers decisively shows that the view, that some form of malnutrition is the real cause of pyorrhea, is held by the large majority of such writers. The most strenuous efforts in oral hygiene are insufficient to prevent the marked development of pyorrhea alveolaris if the form of malnutrition has passed to a certain stage."

Dr. R. G. Hutchinson, Jr., on the other hand, makes the following statement:

"Some of our scientists have conducted researches and have formulated theories alleging constitutional origin, which clinical experience has proved to be incorrect. They claim that although local treatment may restore health for the time to the affected tissues, pyorrhea still exists in the system and is therefore incurable and sure to recur. Such a theory is totally at variance with facts which have been repeatedly demonstrated clinically, and is the result of failure to thoroughly comprehend the actual condition existing in the mouth together with lack of technical ability to perfectly perform the surgical operation which is essential, in order to effect a complete cure. A number of men throughout the country have been compelled to abandon former beliefs on account of the results which they have repeatedly obtained through treatment surgically, and which do not coincide with the mere theories which have been formulated and which have taught us to believe that pyorrhea is of constitutional origin. It would be folly for anyone to claim that constitutional conditions have no bearing on the local conditions, but it is a mistake to suppose that any local condition in the mouth is absolutely dependent on certain constitutional conditions for its existence, or that the elimination of the supposed constitutional condition

is essential to the restoration of health to the local tissues. Such constitutional and local conditions are sometimes coincident, and many have assumed that because this is true, the local is the result of the constitutional condition.

"The fact that local treatment, when properly carried out, effects a complete cure of the disease in the mouth, without recourse to any constitutional treatment whatsoever, and often in spite of well-defined constitutional disorders, and that there is no recurrence, is absolute proof that pyorrhea is a local condition and not dependent on constitutional conditions.

"The only time the operator may fail is when he meets with a condition of the patient that would prevent the healing of any surgical wound."

The treatment should chiefly be prophylactic, that is proper care of the mouth from early youth, establishment of an occlusion as nearly normal as possible, so that the teeth will exercise their function properly, keeping them free from deposits and massaging the gums daily:

Since pyorrhea is either a local manifestation of faulty metabolism, or "simply a disease of filth," the corrective and preventive measure must be chiefly of local treatment. It has been demonstrated clinically time and again that this treatment, if performed thoroughly, will cure pyorrhea, irrespective of any constitutional treatment; if there is a recurrence of the condition, the fault lies with the operator who has been rather careless in his instrumentation or with the patient who allows the condition which caused the initial pyorrhea to recur. A cure of pyorrhea does not guarantee immunity; if the hygienic conditions brought about by the treatment are kept up, there will hardly ever be a recurrence.

Dr. Noyes, of Chicago, in discussing the treatment of pyorrhea states:

"The problem, which is presented to the practitioner in the treatment, for instance, of a deep pocket on the labial surface of the lower incisor where the normal attachment has been removed, is that of bringing the tissues in physiologic condition, and that is very far from an easy thing to do.

"If physiologic condition can be obtained, the reattachment of the soft tissues to the surface of the root is the only logical thing to be expected."

It will therefore be obvious how important it is to get the roots thoroughly cleansed and polished; in fact, it is necessary to get them into the same condition as when they are prepared for the purpose of replantation.

The reason why so many dentists, although quite able operators, do not succeed in the treatment of this disease, is because their practice does not warrant them in devoting sufficient time to acquire the technique of proper instrumentation necessary in the treatment of this disease, and hence, find fault with the method and claim that a correction of the systemic diathesis is the correct one to pursue. The failure to obtain successful results accounts for the skepticism of the dental profession regarding the cure of pyorrhea. The following remarks demonstrate this attitude quite vividly:

"You have Rigg's disease, and nothing can be done to save your teeth," or "You treat pyorrhea first, and then extract the teeth, while I apply the forceps in the first instance."

Attempts have been made to treat pyorrhea with bacterial vaccines, but this method proved of very little service, unless the original cause was removed and surfaces of the roots rendered free from infected deposits and polished. The vaccine injections only mask the symptoms of this disease, for a time being, in the same manner as an antipyretic acts in a case of septic fever. Such treatment would be analogous to an attempt to raise the opsonic index of a patient suffering from furuncles and keep the affected

part covered with a septic dressing.

The treatment used by the writer is the one suggested by Dr. R. G. Hutchinson, Jr.

The buccal cavity is first sprayed with hydrogen dioxid forced through a De Vilbes spray bottle under pressure of about 20 lbs. and kept warm by an electric device; this is followed by a warm spray of a 50 per cent. solution of Liquor Antisepticus (U. S. P.). The teeth are then scaled of all salivary calculi and larger parts of serulum deposits, the two sprays being used intermittently. The patient is discharged for a few days so as to permit the congestion of the gingivæ to diminish. At the second visit, the operation of the removal of calculi can be performed more thoroughly. These treatments are repeated until all of the teeth are gone over and congestion of gums has disappeared. All of the surfaces of the roots are then thoroughly polished with files. An excellent set consisting of twelve files has been suggested by Dr. Hutchinson. At the last visit the crowns of the teeth are polished with soft rubber discs and cups charged with flour of pumice. The mandrel used for that purpose is of special length (about 2 inches from handpiece) so as to reach well on posterior teeth and also to avoid getting the saliva into the handpiece. The proximal surfaces are then polished, with flat dental floss charged with flour of pumice. At the end of each sitting the double sprays are used, the first one to disengage mechanically any debris of food, calculi or pumice from under the gingivæ and the other for its antiseptic and stimulating properties. The gums are then dried and painted with "Pyorrhea Astringent," a stimulating and astringent remedy suggested by Dr. J. P. Buckley, consisting of:

Potassu Iodidi.....	gr. 60
Iodi.....	gr. 80
Zinci Phenolsulphonatis.....	gr. 60
Aquæ destil.....	m. 192
Glycerini.....	gr. 100

If any of the conditions mentioned above be present, that tend to induce pyorrhea by mechanical irritation, attention must be given to their correction. All teeth and roots that are so saturated with septic matter, that their thorough disinfection is not possible, should be extracted. You will notice that the improvement of the local symptoms and restoration of the proper function of mastication will tend materially to improve the general health of the patient as well.

There are several sets of pyorrhea scalers on the market; whichever one selects for his operations, it is imperative that he master those instruments if he expects to obtain successful results. There are sets suggested by Drs. D. D. Smith, Kirk, Good, Younger and Carr, the Logan-Buckley set and one selected by Dr. Hutchinson from Younger & Goods instruments, with the addition of a few specials. The writer begs to suggest to the readers of this magazine, many of whom are about to begin their professional careers, that thorough asepsis of instruments and operators' hands is indispensable and that the scalers, as well as any other cutting instruments used by the dentist in his daily routine, should be kept sharp; otherwise he will not obtain the results he is aiming at. During the course, Prof. Starr has referred to the fact that dental instruments must be kept not only aseptic or surgically clean, but also keen.

"No man," says Dr. Black, "ever yet became a good and effective dentist until after he had learned to keep his cutting instruments sharp. The dental student who cannot, or will not, learn to keep the edges of his cutting instruments in good condition, had better quit and go home, for he will never succeed as a dentist."

It has been my custom at the end of a pyorrhea or prophylaxis treatment to demonstrate to the patient the proper method of brushing gums and teeth by the use of a tooth brush on a Typedont (you are all familiar with that celluloid model of one-half of the upper jaw, which is being used in the operative technique class). Patients are then given a card with proper instructions for daily oral hygiene, which they can keep in a conspicuous place and refer to it often enough until the catechism is thoroughly digested and memorized. (Such a card cannot be considered unethical, as the name of the dentist does not appear on it.)

The patient must be made to appreciate the necessity of giving ample time daily to brushing his gums and teeth. The importance of very frequent office treatment by the dentist must be insisted upon. Usually prophylaxis treatments at intervals from two to three months will suffice to keep the mouth in a healthy condition.

In conclusion, it is suggested that the expression "cleansing of teeth" be dropped from the dental vocabulary, as that service many patients expect to get "thrown in" with the other dental work. It may be well called "prophylaxis treatment"—impressing the patient with the importance of it, if thoroughly performed—taking the proper time in doing it and lastly—making a charge accordingly. There is no better stimulus for doing work conscientiously, than a good fee.

Amendments to the Public Health Law Relating to Dentistry

The following amendments of article nine of the Public Health Law relating to the definition of the practice of dentistry, the appointment of members of the State Board of dental examiners, licenses, correction of books, and dental registry and penalties are before the State Senate, these amendments having already passed the Assembly.

§ 190. "Practice of dentistry" shall consist in operating upon or treating the teeth, alveolar process, gums or jaws, or in prescribing or advising treatment for disease, ailment, lesions, or any defective condition of the same; or in supplying lost teeth by artificial ones, or in correcting or attempting to correct malpositions or malformations of the teeth, or in making or fitting artificial appliances to correct irregularities, malformations, diseases, defects or ailments of the same, or in examining the mouth with a view to such operating, treating, prescribing or making of such appliances; or in contracting or agreeing so to treat or operate upon such portions of the mouth or oral cavity or to make such appliances, or in holding oneself out as a dentist by sign, card, letter, show window, advertisement or otherwise; or in maintaining an office for such practice. "Dental office" means any place wherein the practice of dentistry is advertised or carried on.

§ 195. State Board of dental examiners. The regents shall appoint the successors of the State Board of dental examiners whose terms expire from nominations in number twice the number of the outgoing class made by such society to the regents prior to the second Tuesday in June of each year, or from the licensed and registered dentists of the state who have

been in lawful and reputable practice for not less than ten years prior to the appointment.

§ 196. Examinations. The Regents shall admit to examination any candidate that shall pay the fee herein prescribed and satisfactory evidence verified by oath if required that he: (in addition to the present requirements) holds a diploma or license conferring full rights to practice dentistry in some other of the United States or in some foreign country and granted by some licensing board, college, school or university registered by the regents as maintaining an educational standard equal to that required of dental colleges of this state.

The regents may also in their discretion admit conditionally to the examinations in anatomy, physiology, chemistry and metallurgy and histology applicants twenty years of age certified as having studied dentistry not less than two years, including two satisfactory courses in two different calendar years, in a dental school registered as maintaining at the time a satisfactory standard, provided that such applicants meet the second and third requirements of candidates for examination.

§ 199. Registration. The regents shall have power to correct the books of dental registry in the office of the various county clerks, as follows: Whenever sworn complaint shall be made to the secretary of the regents, showing probable cause to believe that any person not entitled to registration as a dentist under the provisions of this article has been so registered in violation of such provisions, the secretary shall cause a copy of the complaint to be served personally upon the accused, together with a notice requiring the accused to answer said charges in person or in writing as he may elect at a time and place fixed in said notice, which time shall not be less than ten days after service of the same. Upon receiving an answer so made, the regents shall refer the same to the state board, and if the charge justifies, in the judgment of said board, further action, the said secretary shall summon the accuser and the accused, represented by counsel, if they so desire, to appear before a committee of three of the said board at a place and time specified in the summons, the place to be at the city of Albany, or at such place nearer the residence of the accused as the board shall designate and the time to be not less than ten days after service of said summons upon the parties, either personally or by registered letter mailed to the place of last address. The committee shall have power to hear the charges and if necessary, in their discretion, grant adjournments. The accused may, if he desires, be represented by counsel, cross examine the witnesses against him and produce evidence in his own behalf. If he shall not appear in obedience to the summons, or if he shall appear, the committee shall take testimony and report their findings to the board which shall approve or disapprove the findings and report them with its decision to the regents, who thereupon, if the charge be sustained by the board and by the regents, shall issue, without further hearing, an order directed to the clerk of any and every county in which the accused shall be registered, embodying the substance of said findings and directing said clerk to file said order, to cancel upon the record the registration of the accused and by marginal note to refer to the order so filed. If in like manner it shall be made to appear that a person is practicing dentistry under the name of a registered dentist deceased since his registration, the regents shall issue a like order to the clerk of any county in which such registration is made, directing cancellation of such registration. Any person whose registration

is cancelled shall be deemed to be unregistered. Disobedience by a county clerk of any order so made by the regents shall be a misdemeanor.

§ 200. Examination fees. Any surplus at the end of any academic year from examination fees shall be paid to the State Dental Society to defray the expenses incurred in enforcing the law.

§ 203. Penalties. (a) A person who, in any county of this state, practices dentistry, not being at the time of said practice a dentist licensed to practice as such in this state and registered in the office of the clerk of such county, pursuant to the general laws regulating the practice of dentistry, is guilty of a misdemeanor and punishable upon conviction of a first offense by a fine of not less than fifty dollars or more than five hundred dollars, or imprisonment for not more than one year, and upon conviction of a subsequent offense by a fine of not less than one hundred dollars or more than five hundred dollars or by imprisonment for not less than two months or more than one year or by both such fine and imprisonment.....

..... Every practitioner of dentistry must display conspicuously upon the house or in the dental office wherein he practices his full name. If there are more dental chairs than one in any dental office the name of the practitioner practicing at each chair must be displayed conspicuously on or by said chair in plain sight of the patient. Any person who shall practice dentistry personally or by hiring or procuring another to practice and shall fail so to display or to cause to be displayed his name and the name of each person employed by him as a practicing dentist or practicing as a dentist in his dental office or any dental office under his control, shall be guilty of a misdemeanor and punishable upon a first conviction by a fine of not less than fifty dollars or more than five hundred dollars or by imprisonment for not more than one year, and upon every subsequent conviction by a fine of not less than one hundred dollars, or by imprisonment for not less than sixty days, or by both fine and imprisonment. Any person who shall employ, hire, procure, or induce one who is not duly licensed and registered as a dentist to practice dentistry, or shall aid or abet one not so licensed and registered in such practice shall be guilty of a misdemeanor and punishable by a fine of not less than fifty dollars or more than five hundred dollars, or by imprisonment for not more than a year, or by both such fine and imprisonment; providing that a person practiced upon by an unlicensed or unregistered dentist shall not be deemed an accomplice, employer, hirer, procurer, inducer, aider or abettor within the meaning of this section.

(b) A person shall be deemed guilty of a misdemeanor, and upon every conviction thereof shall be punished by a fine of not less than two hundred and fifty dollars or more than five hundred dollars or by imprisonment for not less than six months or more than one year, or by both fine and imprisonment, who

1. Shall sell or barter, or offer to sell or barter, or, not being lawfully authorized so to do, shall issue or confer or offer to issue or confer any dental degree or diploma or document conferring or purporting to confer any dental degree or any certificate or transcript made or purporting to be made pursuant to the laws regulating the license and registration of dentists.

5. Shall practice dentistry under a false or assumed name or under the license or registration of another person of the same name; or, under the name of a corporation, company, association, parlor or trade name; or,

6. Shall assume the degree of bachelor of dental surgery, doctor of dental

surgery, or master of dental surgery, or shall append the letters B.D.S., D.D.S., M.D.S., to his name, or make use of the same or shall prefix to his name the title doctor or any abbreviation thereof.

A judgment that the defendant pay a fine shall also direct that he be imprisoned until the fine be paid, specifying the extent of the imprisonment, which cannot exceed one day for every dollar of the fine imposed. . . . Any misdemeanor mentioned in this article for which a punishment is not specifically imposed shall be punished by a fine of not more than five hundred dollars or by imprisonment for not more than one year or by both fine and imprisonment.

Teaching of Mouth Hygiene by Means of Picture Films.

At a cost of \$3,000 the New York Dental Society of the Second District, which includes Brooklyn borough, Long Island and Staten Island, has procured through Dr. Albert H. Stevenson, Chairman of its Public Health and Education Committee, moving picture films depicting the importance of the care of the teeth. These films will be shown at every public school lecture in Brooklyn, also before civic organizations and in some of the regular "movie" theatres, so as to impress on parents the importance of proper care of the teeth of their children.

This idea of motion pictures as a means of teaching the care of the teeth is new. The films will show the work carried on in schools of this borough, where a crusade has been started against neglect of the teeth. This crusade, according to Chairman Stevenson, will mean the saving of millions of dollars to the city.

THE GREATEST PROBLEM.

The cleanliness of the teeth of school children is the greatest problem that faces those interested in child hygiene. Luther H. Gulick, former member of the Board of Education, now head of the Child Hygiene Bureau of the Russell Sage Foundation, is authority for the statement that "40 per cent. of the absences of children from schools are due to tooth trouble." In the city every year an average of about 67,000 children are left back because of deficiency resulting from prolonged absence from the classrooms. If this statement is accurate, 26,800 pupils annually are absent from school because of trouble with their teeth. It costs \$36.10 a year to educate a pupil, including cost of teaching and maintenance of schools. It costs almost \$1,000,000 to educate these absentees every year. Most of them are left back because of absence from school, and they must again go over the term's work, costing the city double for their tuition and saddling on the shoulders of taxpayers this additional expense.

Elimination of absences from school caused by tooth trouble will save the city annually a large sum of money, and increase the mental attainments of the children.

In this borough, since last October the Dental Society has been carrying on tests under the direction of Dr. E. A. Holbrook. Three hundred children with defective teeth were selected from local schools.

These now are cared for by the three hundred members of the society of the Second District. Every one of these children is attended every two months by a dentist assigned by the society. The little patients call at the offices of the dentists.

During the test the children are watched closely. The work of each

one in the class room is followed day by day and comparison made with his work of the corresponding day of the term before, when he was not being treated. Although nothing will be officially announced until next fall the tests are showing satisfactory results, and defective children, who have gone under the treatment, are rapidly forging to the front in their classes. The tests will be concluded next October.

DAILY VIGILANCE.

There are at present eighty nurses in the public schools in this borough, who daily attend to the dental needs of children. These are under the direction of Dr. Joseph V. Baker, who also manages clinics run by the society. So satisfactory have these clinics proven that the first of the year the city took over two of them and is running them absolutely free.

Every effort is being made to impress the public with the importance of dental work. A syllabus being prepared for the schools makes mandatory a full course in the care of the teeth, including exercises with tooth brushes, which pupils will have to go through several times a week. The motion picture films secured by the society show the work now being done in Western schools along this line, which will be followed by the local institutions. The tooth brush drills will be so arranged that they will be as interesting to pupils as the calisthenic exercises they now so readily perform.

Members of the society have given many lectures on the subject in various parts of the borough. Nearly two hundred of these have been made during the last ten months. Sixty of them have been given before mothers' clubs in the schools, where they were enthusiastically received. In settlement headquarters, Y. M. C. A. and Y. W. C. A. headquarters, in churches and other places where parents can be reached the lecturers have gone. Everywhere they have been met with general approval of their efforts, and have received assurances from parents that carelessness such as existed in the past will no longer endanger the minds and health of children. It is expected the motion picture films, illustrative of the various phases of the work, will arouse greater interest among parents.

Something Doing in the Dental Under-World

[We are here publishing two letters which show the stand the dental underworld is taking regarding the amendments to the present dental laws, now before the legislature.

We particularly call attention to the following extract: "In order to successfully defeat the enactment of this measure, it is essential that we come together," so runs one of the letters. Come together! What for? Gentlemen of the dental underworld, there is only one purpose in your coming together and this is to raise a fund. If that is so go easy, gentlemen, plenty of time to spend money that way. Wait until the measure is first passed and when the authorities of enforcement are after you. The legislators are too many, and also in our estimation, too honest. But it is perhaps entirely different with those who have charge of enforcing the measure. Ed.]

To the Manager or Proprietor of Dental Parlors:

Dear Sir—A Bill has been introduced and is now pending in the Assembly which, if enacted will materially change the aspect of the dental business to those who are not registered and conduct such parlors under assumed names, employing licensed dentists to perform services.

The Bill in question (No. 1385) contains provisions and clauses which from appearances are clearly against the interest of dental parlors conducted by laymen, as is evidenced upon a careful perusal of lines 18 to 21 on page 2, also lines 11 to 15, page 14; and lines 10 and 11 on page 15.

In order to successfully defeat the enactment of this measure, it is essential that we come together, and for that reason a meeting of the proprietors and managers of dental concerns will be held at the Lenox Casino, No. 100 W. 116th Street, corner Lenox Ave., N. Y. (2 flights up large Hall), on Monday, March 24th, 1913, at 9 P. M.

We enclose herewith duplicate letters for your distribution amongst other proprietors and managers with the view of securing their aid in our effort to defeat this bill, and also if possible, have them attend the meeting to be held as aforesaid.

Trusting you will be one of us and do your share in bringing about the defeat of this measure, which if enacted will prove very disastrous to us, we remain

Yours very truly,

THE COMMITTEE.

J—— J—— K——,
Attorney at Law,
C—— St.,
Brooklyn, N. Y.
Telephone ——.

March 28, 1913.

—— Dental Parlors,
——th Ave.,
Brooklyn, N. Y.

Gentlemen—Are you interested in the opposition of the proposed Selly and Tudro bill in the legislature? I am the attorney for a dental corporation, which I organized, which desires co-operation to defeat these bills; let me know whether you desire to assist in this matter.

Yours very truly,

J—— J. K——.

School Children Have 6 New Dental Clinics

The Department of Health announced yesterday that six dental clinics for school children have been opened.

These clinics were made possible by a provision in the 1913 budget, which received the approval of Mayor Gaynor.

Dentists are now on duty in six clinics for children, two in Manhattan, three in Brooklyn and one in the Bronx.

Two American universities have courses on Socialism—uncombined with anything else—taught by Socialist professors exclusively. They are the universities of Missouri and Yale.

...The Progressive Dentist...

PUBLISHED MONTHLY BY THE

NEW YORK DENTISTS' CHAPTER

Intercollegiate Socialist Society

Dr. LEWIS RICE, Editor

423 East 6th Street

Dr. M. S. Calman, Business Manager

15 East 106th Street, N. Y.

Telephone Harlem 952

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EDITORIAL DEPARTMENT

Of late many communications reached us asking about the policy of this magazine. We are glad to satisfy these requests by what follows:

Modern conditions have led the foremost thinkers on questions of economics and sociology to come to many radical conclusions. These conclusions have been made the basis of a movement world-wide in scope. This movement has aimed to propagate the truths of these conclusions and incorporate their principles into the political programs of the civilized countries of the world. At first this propaganda appealed to idealists only. But as the evils which brought about this movement spread and demanded solution, the practical men of affairs took up this propaganda for radicalism.

Now all practical individuals realize that never in the world's history have politico-economic relations rested on such an unstable equilibrium. Old institutions are crumbling down as new ones are arising. The post-office arose and undoubtedly a vast number of institutions previously engaged in that kind of endeavor were wiped out of existence. The public school system was called into being, and how many private institutions of instruction were destroyed? Was the teaching profession prepared for the revolution? Were the members of that profession intelligent enough to give proper guidance to the public? That it was essential that the teaching profession be prepared for the coming new conditions, brought about by such a revolutionary change, is evident.

In the eyes of all who can espy things from the distance, such changes are coming with a sure and steady pace. It is really hard to tell which kind of human endeavor or which profession will next be involved in such a revolutionary change. One thing is sure, that it behooves all intelligent people, particularly members of learned professions, to be well informed and enlightened on all matters which occupy the thinking public. The medical profession in England received a revolutionary jolt, caused by a parliamentary act. How well the profession there was prepared for that act we don't know.

In view of these facts it is the aim of this magazine to enlighten its readers among others also upon politico-economic subjects from the most rational point of view. This magazine aims to make the dentist familiar with proposed remedies for evils resulting from our competitive existence. We particularly emphasize those evils emanating from the dental world and resulting from the fact that dentistry is practised on a basis of private gain. Inferior dental service, incompetents in the profession, etc., are evils

that could most efficiently be wiped out by a system whereby the State would supply dental treatment on a basis equal with public instruction. There is no telling how soon the public may decide to so revolutionize the practice of dentistry.

In this aspect the importance of our policy looms up pre-eminently. Indeed an inestimable advantage would accrue to the profession and the public if the dentist would thoroughly understand his relation when the public is ready to make him its servant on a basis of how good and efficient service he can render, and not as the present basis, how big a bulk of treatment he can render in order to reap the larger financial harvest. Moreover we aim to make it plain to the members of the profession that if every patient is to get dental treatment according to up-to-date knowledge, we must first free ourselves from the commercial aspect and environment to which we are subject at present. In short our policy is to convince that ideal dentistry beneficial to the public and just to the dentist, can be practised under an ideal environment only, namely, outside the sordid atmosphere of commercialism.

This is our policy regarding the ultimate aim. But we are not satisfied with that to the exclusion of measures which, although palliatives, we nevertheless consider important.

Accordingly, we are against the dental parlor evil. We condemn the illegal practice of dentistry and the protectors of the illegal practitioners. We also severely censure the arrogant attitude of the Dental Laws regarding the discrimination between existing dental organizations, considering some official and ignoring the others. We take the same stand regarding the attitude of the district dental societies in excluding dentists from their membership on flimsy pretexts.

We are also aiming to bring about the enactment of just and more adequate dental laws. We are also urging that the power for stamping out the illegal practice of dentistry be vested with those most vitally affected by such practice, and not as at present with those least affected. In short our policy is to champion the cause of the dental profession, particularly that part thereof which is being outraged by an unjust system of discrimination.

DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY

Meets the Fourth Thursday of each Month at
THE SAVIGNY

229 Lenox Ave. Bet. 121st and 122nd Sts.

Dr. W. S. ENGELBERG, Sec'y
2400 Seventh Ave., New York

EASTERN DENTAL SOCIETY

Meets the First Thursday of each Month at

CAFE BOULEVARD

156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y
330 E. 4th Street, New York

KINGS COUNTY DENTAL SOCIETY

Meets the Second Thursday of each Month at

THE WILLOUGHBY MANSION

667 Willoughby Ave., Brooklyn

Dr. A. FRIEDENBERG, Sec'y
Bushwick 452 Ave., Brooklyn

A regular meeting of the Harlem Dental Society, was held March 27th 1913. Dr. Wm. Dwight Tracy read a paper on "The Indirect Method and its Application to the Making of Matrices for Porcelain Inlay and Cast Gold Restorations".

Dr. H. E. Chayes opened the discussion in which Drs. Straussberg, H. W. Rosalsky, Ash. M. Schoenfeld and others participated.

The Society went on record endorsing the amendments to the Public Health Law relating to dentistry which are now up for consideration in the state senate, the assembly having already favorably passed on them.

The constitution which was drawn up by the fifteen men constituting the Allied Council of Greater New York was then taken up seriatim and all articles were approved with the exception of article seven relating to dues which was tabled and is to be taken up at the next regular meeting.

The meeting was then adjourned.

The next meeting of the Society will take place on Thurs. April 24, '13 Dr. Wm. J. Gies, Professor at the College of Physicians and Surgeons, will read a paper on "Prevention of Dental Caries". A general discussion of the paper will follow.

The Eastern Dental Society held a meeting at Cafe Boulevard on Thursday evening, April 3rd. The meeting was opened by Chairman Lederer. Minutes of previous meeting were read and adopted. The lecturer of the evening, Dr. H. Schweitzer, delivered a very interesting lecture on "Anatomical Articulation and Articulators." The lecture was followed by discussion. Dr. Hindes opening, followed by many participants.

Nomination of officers for the ensuing year took place.

A special meeting was decided to be called for Thursday, April 10th, for the purpose of acting upon the report of the committee to the Council and to act upon the final arrangements for the annual meeting of the Society.

The Annual Dinner of the Society will take place on Friday, May 2, 1913. The dinner will be preceded by four clinics by prominent men, between the hours of 2 and 6 P. M.

At the next regular meeting of the Kings County Dental Society which takes place on Thursday evening, April 17th, 1913, Dr. George Wood Clapp, Editor of the Dental Digest delivers a lecture on the subject "Face to face with the problems of life".

There is no man better fitted to handle this subject than Dr. Clapp.

As editor of the Dental Digest he has given this question a prominent place in his magazine and has brought truths home to the members of our profession which have been completely ignored before.

There has been such great demand all over the country for Dr. Clapp's lectures that it has been impossible for us to get him for our regular meeting date, but the executive committee feels the subject to be so important that it is justified in holding this meeting at an irregular date.

Nominations for officers of the society for the next year will take place at this meeting.

LETTERS TO THE EDITOR

Dear Editor:-

Enclosed please find price of subscription for your valuable paper.

Indeed you deserve commendation for the spirit in which you carry on this undertaking, knowing as I do from practical experience that the entire work rests upon the shoulders of two men only: the Editor and Bus. Mgr.

In this practical age when with few exceptions, almost all so called "public" activity such as the building of Dental Societies, etc. are carried on by men with personal ambitions to further their interests as self appointed "specialists", it is a great relief to see such work as yours carried on because of an inherent altruism without regard to compensation in any form. In spite of the fewness of the "Progressive Dentist's" pages, its value, let me assure you, is far beyond that of its bulky and voluminous brothers with self satisfied, assuming and conceited editors whose smooth-tongued editorials printed in the largest type smacks of jingoism, self-conceit and asinine assumption. They bark quite loud, these scamps whose "ethical tendencies" are as variable as the amounts paid them by the dental manufacturing houses for inglorious work. An editorial should be the inmost expression of the conscience, - an inspiration brought forth from the depths of truth, - rugged, heartfelt, and beautiful instead of immodest, shameless and pharisaical as we often 'observe' it in a magazine whose yellow covers denote the character of the editor whose hired soul is distorted and misshapen by Policy. It is like seeing the rippling water of a spring by one whose throat is parched by thirst to see your little paper with its big and humanizing tendencies which are even greater than the science and art it represents.

Wishing you success, I remain,

Yours sincerely,

A. E. Berylson, D. D. S.

New York

STUDENTS' DEPARTMENT

N. Y. C. D. NOTES

Dear Editor:

Owing to the approaching examinations, and being kept busy with my studies, I am compelled to resign my office as college reporter. This to take effect with the March, 1913, issue of the magazine.

Faternally yours,

WM. WINTER, N.Y.C.D., '14.

The Plucky Tireless Reuben.

Editor Students' Department:

The last month's issue of the PROGRESSIVE DENTIST contained an article entitled "Silhouettes," by M. Tabak, a '14 student. In a shaggy form of narrative the writer draws the picture of a struggling student, who works after college hours; in witless humor he is described as studying from a "few cents worth of notes," because he can't afford all of the reference books; in sarcasm he is painted as rushing back to work as soon as the College Session is over and not taking advantage of the Summer Infirmary practice. But evidently the writer has been so busy buying up all the latest instruments and reference books that he has not given the following facts a mere thought:

1. The plucky tireless Reuben may do better work with an old repaired dental engine than the man who perforates the walls of a tooth operating a brand new one.

2. The plucky tireless Reuben may gather more knowledge by attending the lectures and buying notes and knowing both, than the man who has every reference book in publication at home and has not found time to slit the uncut pages until a few days before the examinations.

3. The plucky tireless Reuben may be able to accomplish a great deal more with his old pocket knife used as a wax spatula, plaster spatula, plaster knife, cement spatula, and any other instrument than the student who has his case full of the finest instruments and uses a rubber plaster bowl for boiling water.

4. The plucky tireless Reuben may do more operative work in the infirmary in the eight months of his college year than the man who has spent three years on the "floor" and don't know that an inferior first molar has three canals.

5. The plucky tireless Reuben may pass the great and final tests and make a better Doctor of Dental Surgery than the man who has awakened one morning with the idea that he was born to make history in this particular profession and in the end turns out to be a "quack."

Many of our best men to-day, were plucky, tireless Reubens who worked hard, could not buy all the reference books, used old instruments and now have the best, as far as office equipments are concerned.

Besides, a student who has until 1914 to find out how much he really don't know about dentistry should be the last person in the world to pass judgment on his poor struggling neighbor who may be his consulting authority in years to come.

HARRY SEYMOUR KUKLIN, N.Y.C.D., '14.

The final examinations of the New York College of Dentistry will take place May 10-19, 1913. The Senior exams. begin with the 10th of May, and the Junior and Freshmen exams. on May 19th.

C. D. O. S. N. Y. NOTES

A new building at last! For a long time the hope of faculty and student body of the College of Dental and Oral Surgery of New York, was to get a new building. That hope is nearly realized now. So nearly, that within six weeks the new premises shall be occupied by them.

This new building is a very elegant looking structure four stories high located on 35th St. and Second Ave.

The class of 1913 will be the first class to graduate from there and to show its appreciation the class has decided to present a dental chair to the college. It is understood that the junior class united to outdo the seniors in their gift and the freshmen will probably follow suit.

Contributions from previous graduates will be gratefully received.

Wholesale Conviction of Jewish Dentists

Of the 253 Jewish dentists who have been on trial at Moscow for securing legal residence by the use of false diplomas, 174 have been convicted, while the remaining 79 were acquitted. This remarkable prosecution, which was begun during the first week of November, last, was one of the most curious judicial proceedings in modern times. The defendants were charged with having paid a number of Russian officials and university professors to have their certificates or diplomas dated so as to comply with the requirements of the laws of residence, while some of them were charged with having obtained dentists' diplomas without having qualified for the profession, in order to enable them to take up their residence in Moscow. Those found guilty by the court have been sentenced to various terms of imprisonment, ranging between one and three years. The forty-odd Christian officials, who were willing to fake the Government, all share the fate of the convicted Jews. Altogether there were 298 defendants in the case.

In the majority of cases the "crime" did not consist in obtaining a dental diploma without being entitled to one, or in practicing dentistry without being properly qualified therefore, but that the culprit has violated the law restricting the Jew's right of residence in the city of Moscow.

There were, however, several instances where the holders of the spurious diplomas did not belong to any professional class, and made no attempt to practice dentistry, but had purchased the valuable documents to enable them to pursue their various callings unmolested. One such case was that of an elderly man, whose business had been completely wiped out during the uprising of 1905, in Moscow, where he was a merchant of the first guild. Thus ruined, he was unable to pay the high fees which his standing entailed, and being disqualified was about to be expelled from the city. Thereupon, he purchased a dental certificate for 500 roubles, and took up his business pursuits.

Over 500 witnesses were examined in the course of the trial. It was disclosed that the traffic in falsified diplomas was conducted between 1904 and 1908, during which period the police were very active in the expulsion of Jews from Russian cities. The prices paid for diplomas varied from 250 to 1000 roubles. A curious fact which the testimony disclosed is that the police never questioned the sudden acquisition of the right of residence by individuals whom they had relentlessly hounded to the point of threatened expulsion. But the court did not look into that question.

Touching pleas were made by some of the defendants in person, invoking the judges' consideration of the unjust and inhuman laws, without the evasion of which it would be impossible to exist. Distinguished lawyers, both Jews and Gentiles, appeared as counsel for the defendants. One of these was the well-known advocate Karabchewsky, a leader of the bar in Russia, a Christian, who in the course of a powerful plea in behalf of the

Jewish defendants, declared dramatically than if justice were to be done the prisoners' bench should be filled not by the Jews who were there, but by those who had robbed the Jews of their human right to live wherever they chose.—*Baltimore (Md.) Jewish Comment.*

HEREDITY.

By PHILIP HALFY, San Francisco.
 Here lies in potent filament,
 Strange Life's creative dream;
 Born in a lightless vast, where dust
 Of atom star tides stream.

Where minute millions move as one
 When silent forces draw,
 Unheard, their myriad axles groan
 Beneath the lash of Law.

And soundless all their ceaseless crash
 Thru deathless chaos runs,
 Tho' gathered by her potent might
 To moneron or suns.

Heredity! thy kingdom such!
 What eye may scan thy deep,
 Audacious, in the hope to learn
 The secrets in thy keep?

Can man's rude brain, in scheming thot,
 Thy mystic methods name?
 Divine the caverns where thou holdst
 Aloft Life's oriflame?

Yet, Parenthood, 'tis thine to shape
 This vast profound of strife,
 To mould the infinite to suit
 The plan of conscious life.

To wake the myriads that build
 The lords of lead and lust,
 Or giant brains that rise and strike
 The slave's chain to the dust.

For destiny her empire founds
 In bio-chemic rune;
 The mystic fingering of Fate
 Strikes here Life's varied tune.

Does Evolution purpose her
That man may strive with these?
Contrive with test tube and with lens
To bend them to his knees?

'Twas thru her mistress-ship was born
The prism's wondrous chime,
And on her tempest beaten path
Hath Science reared her dome.

'Tis she hath taught his wily brain
Of nature's subtle book,
And shaped for neanderthal feet
The pathway that they took.

Perchance there lingers in the dusk
Of psychic mystery
A key, Heredity, that shall
Unlock thy history.

Perchance, on Future's welkin burns
A light that yet may fall
Upon the pages of thy scroll,
Where man may translate all.

[Reprint from *Pacific Medical Journal*, September, 1912.]

On Fixing the Blame.

By THERESA H. RUSSELL.

The immature mind has always a tendency to blame somebody or something near at hand for its misfortunes. It never seeks beyond the immediate occasion for underlying causes.

The strain of living to-day is hard upon us all. Merely to maintain life under modern conditions is too much for many and they go under in the struggle for existence.

But how many persons are there that have any idea of the reason for this state of affairs? The slightest ability for observation ought to prove to any over twelve that it is not for lack of supply that the great majority of us have to fight so hard for the barest necessities of life. If this country did not each year produce more than it consumes why should it be necessary to spend billions of dollars annually in advertising and "salesmanship" in order to get rid of the product?

But the average person does not inquire even that far. He or she merely finds something near at hand and blames that for his misfortunes. The housewife blames the grocer because provisions are so high. The grocer may fail in business next month because he cannot meet his rent, but never mind that. She blames him while he is there anyway. The grocer blames the landlord for raising the rent on him and wiping out his margin of profit. The landlord may be struggling under a heavy mortgage, but no one considers that. The landlord blames these outrageous labor unions. He actually has to pay 40 per cent. more for plumbing and carpentering than he did ten years ago. The plumber and carpenter have

to pay 75 per cent. more to live than they did ten years ago, but the landlord doesn't think of that.

A tired woman comes home from town hanging to a street-car strap, packed together with other human beings in a way unfit for cattle. Does she feel resentful toward the company for not providing enough cars? She does not think even so far as that. She thinks that American men are becoming perfect brutes because some equally tired clerk or salesman does not rise and offer her his seat. Or perhaps she resents the rudeness of the conductor who daily works under conditions in which he does well to maintain his sanity.

It is always the immediate occasion that arouses the indignation of the unthinking. They never look to the cause.

A clear-sighted man who does observe and think said that he once saw a farm hand trying to drown three young rats in a pail of water. The rats struggled for life but each one turned on and tore at his fellows instead of attacking the hand that was thrusting them all down. "And do you know," said this man, "it struck me that that was a good illustration of our human society. Each person in it is blaming and attacking someone else instead of fighting the system that is thrusting us all down."

And what is this system that lies heavy upon us like a malign giant's hand? It is known as the capitalist organization of society and this is the way it operates to degrade us all.

The essence of this system is that invested capital demands increase upon itself. If John D. Rockefeller's income this year is 70 million dollars it must next year inevitably and inexorably be 75 or 80 millions. Without any effort or even desire on the part of its owners it will steadily increase so long as this system endures.

But where does this increase come from? Not out of the sky nor out of the ground. Mr. Rockefeller might bury his 70 million dollars of wealth in the ground; they might lie there until they rot without breeding one dollar of increase. Where does this increase come from? It comes from the labor and the deprivation of other human beings and Mr. Rockefeller's gain is their loss.

They lose the value of their labor which goes to further enrich him and the rest of the capitalists instead of themselves; and they are deprived of the commodities which they need to consume, because practically every necessity of daily life is now withheld from us until we have first paid tribute to the capital invested in its production. The greater the amount of capital invested in any enterprise the greater the amount that we are required to pay for the product and the smaller the relative pay to the labor that actually produces it.

This is what Socialists mean when they say that the conflict between labor and capital is fundamental and irreconcilable. From the same product must come the interest and dividends of capital and the wages and salaries of labor. The more the return to the one, the less remains for the other. Under our present system invested capital must steadily be increased or the enterprise is accounted a failure. The pressure of this demand is always greater than any merely superficial "reform" measures that can be devised to oppose it. The only possible way to end this conflict between capital and labor is to make the capitalist and the laborer one. That will happen when the laborers own the means of production which now they merely operate—when "The Nation Owns the Trusts."

The Coming Woman.

By JOSEPHINE CONGER-KANEKO, Editor of *The Progressive Woman*.

The old-fashioned woman is passing away. The "modern" woman is neither the old-fashioned woman nor the future woman. She is a transition creature, with a little of the old blood, and some infusion of the new, in her veins. She is a product of the times, and as such reflects the changing period of the times.

Time was when a woman's life consisted of four periods—childhood, brief in point of time; maidenhood, also of short duration; young matronhood, and—old age. A woman of thirty-six, fifty years ago, was an "old" woman. Old age for women then covered a period of twenty, forty, sixty years. The very best time of a woman's life was set aside for "old age." She became an attachment on the younger generation growing up about her and lived her life into theirs as best she could. Her children grown, she had no further reason for existence, and simply waited, serving in a small or large way, until the end came.

To-day conditions are throwing the woman out into the world. More and more numbers each year are finding their maturity of little or great value to the social organism. There is no chance for resting on the oars, for growing rusty—for waiting, hands folded, to die. The social demands require a clear brain, alert nerves, taut muscles. The modern woman is developing these. Instead of going into a decline with the years, she is forcing her faculties to meet the demands of the world—and she goes on with her duties until her faculties fail. In many instances this decay is retarded until the woman is sixty, and even seventy years of age.

At an age when our grandmothers were nodding in their caps beside the fire, the modern woman, neat in dress and trim in manner, is making a name for herself, or successfully carrying a name already made.

And with so much achieved by the modern woman, what may we expect of the coming woman? With youth prolonged indefinitely, with maturity resting on a solid foundation made possible by such a youth, is it too much to expect that it will be the average, rather than the exceptional, woman who will be as the Cady-Stantons, the Lillian Russells, the Sarah Bernhards—those remarkable young-old women who seem as a mystery and a miracle to us to-day?

Social development is making for many changes in history. But nowhere does it affect any human beings so much as it affects womankind.

With the closing of the class war, when industrialism has taken the place of capitalism, and the social units have found their proper balance and relations, under such a regime will the development and possibilities of the woman reach undreamed-of limits, and in that day will the race take positive steps toward true humanism and civilization.



Intercollegiate Socialist Society Notes

Reports of ever increasing progress in the work of spreading an intelligent interest in Socialism among the collegians of the country are being received daily by Harry W. Laidler, Organizer of the Intercollegiate Socialist Society. The Yale Society for the Study of Socialism has recently reported a splendid meeting in that University at which Emil Seidel, Ex-Mayor of Milwaukee, addressed over 500 interested students. The attendance of this meeting was in marked contrast to that of a few days before, when seventeen students turned out to hear one of the chief magazine publishers of the country on "Commission Government". The Yale Society has also the credit of holding under its auspices the first lecture on Woman Suffrage given at Yale. A course on Socialism planned for next year by Prof. Emery, is one of the indirect results of the activity of the Study Chapter there.

The University of Michigan also reports greater activity than ever before. This year over 600 students listened to Alexander Irvine on "The Futility of Social Reform". Prof. Reeves, Frank Bohn and others, have addressed large meetings. Dr. Algernon Crapsey, John C. Kennedy and others, are also scheduled to speak at Ann Arbor. The student group has practical charge of this season's Socialist Lyceum Course in town. It is reported that Dr. R. W. Sellars, instructor in philosophy and a Socialist, will conduct a course on Socialism at this University in the Summer.

Individually the members of the group are doing active work in the Socialist movement. Maurice Sugar, Peter Fagan, Louis Reimann, Robert Hess and others are doing considerable lecturing for the Socialist movement around the state. A member of the club, Louis David, will represent the university at an oratorical contest in Chicago, and will deliver a socialist oration at that time. Five of the sixteen competitors in the contest to represent the college are members of the I. S. S. Chapter and over half of the orations delivered were on Socialism and allied subjects.

Some of the members are also taking active part in securing for the student workers a larger wage. The wage at present is said to be from 7 to 9 cents an hour.

With the lectures of James Mackaye before the members of the Harvard Socialist Club, and the proposed public lectures of Mr. Powys and congressman Victor L. Berger, the Harvard group is continuing its educational work.

As the result of the trip of Organizer Laidler among the New England colleges, Chapters were formed at the University of Vermont, at the Massachusetts Institute of Technology, and at Simmons College, a young women's college of Boston. The last named is the second Chapter formed among the women's colleges of the country. Several other Chapters were reorganized during the trip. At Wellesley it was reported that 125 young women had signed as members of a Socialist study group.

The new quarterly, The Intercollegiate Socialist, published by the Society, has been a long felt need and is enabling the Society to do a far greater work than formerly. The Society is just in receipt of the first quarterly issued by the British University Socialist Federation, which is an excellent magazine of Socialist thought.

Reports from Ohio Wesleyan and Washington-Jefferson, state that Alexander Irvine, who has recently addressed the students there, made a lasting impression upon all who heard him. Victor L. Berger is scheduled to speak at Yale, Harvard, Wesleyan, Columbia and before some of the Alumni Chapters in the latter part of April. During the stay of comrade Berger in Boston, a New England Convention of this Society will be held in that city. The New England members of the Society are forming a local Executive Committee for the purpose of assisting more actively than heretofore in the organization and strengthening of colleges in New England.

A debate between Prof. Thomas C. Hall and a non-Socialist is being scheduled during the first part of May in Carnegie Hall, New York, by the General Society. A Dinner on "Labor Struggles in New York", will be among the features of the Society's work during April. The Philadelphia Alumni Chapter has just reported the establishment of splendid headquarters in that city.

The Organizer, Harry W. Laidler at 105 W. 40th St. New York City, will be glad to secure the names of all collegians interested in the work of the Society.

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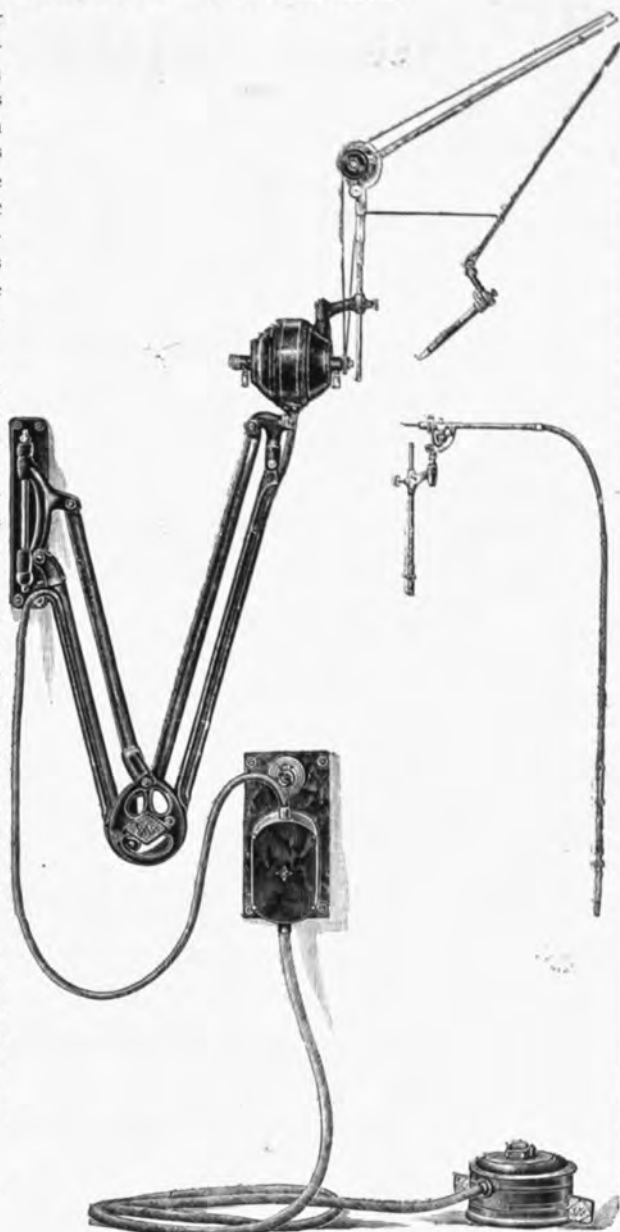
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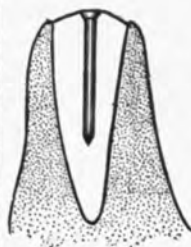
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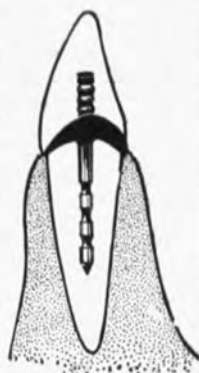
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Vol. 2

May 1913

No. 8

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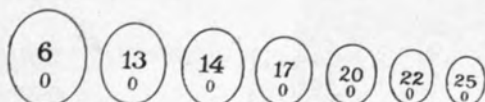
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The Progressive Dentist

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Mouth-Breathing A Destructive Habit; A Frank Discourse

By M. J. EMELIN, D.D.S., New York.

The extreme importance of the subject and my desire to make this paper interesting as well as useful, oblige me to bespeak the reader's indulgence for the disjointed style of its presentation. Much of what follows was written for my own enjoyment, in moments of reflection, without any thought of a public hearing, and I admit the lack of scientific soberness. However, even the ideas that were not written down at the moment of their conception could hardly be forgotten, for my own person has seen and suffered their practical evolution. I offer no novelty nor am I the first on this ground.

I state these propositions with the conviction of their truth. If at times I seem too emphatic, it is because I am profoundly impressed with the important bearing that *normal* respiration has upon the living organism.

To be good and happy we must be both healthy and conscious of an honest purpose in life. It matters little for the grandeur of the world whether we live another day or count another yesterday, but while breath is in us let it pass in and out through its natural, complex avenue; let us give the air we breathe the right of way, encourage its proper ingress and egress, for on that very largely depends our cheerfulness, the purity of our minds, the happiness of those we come in contact with. We are ashes to-day; we were substance yesterday. It is a natural sequence. Everything that exists is in a manner the seed of that which will be. Those that follow have a rational connection with those that have gone before.

Our hearts work in uncomfortable, loud beats; we feel faint running through the dusty streets of our towns; we are out of breath in stifling gymnasiums; we climb floor after floor through foul, unventilated halls, with our mouths wide open, gasping for air. We shall soon leave this earth, to resolve into its wonderful elements, only to make room for new mouth-breathers! Let us then briefly consider what normal, rational breathing is, and what are the effects of mouth-breathing.

Respiration is a reciprocating, functional process to aerate and purify the blood. It is an invigorating, life-giving process of two distinct stages. In the first the health-inducing chemical mixture must primarily enter the nasal vestibule through the *nostrils*, divest itself of the coarse impurities in the presence of the hair-sentinels, meet the oscillating mucous glands, warm or temper itself in the many tortuous, bony turbinates, then pass over a highly vascular lining, precipitate its almost microscopic impurities, strike the soft curtain at nearly right angles and thus be ready for the second stage, that of entering the thousands of tiny air cells of the magnificent windpipe, a tree with its branches, and finally into the reservoir, our lungs.

In the second stage the oxygen of the air, through osmosis and rapid exchange with carbon-dioxid, purifies and causes the blood to properly function in the processes of growth and repair. It is quite important to consider through what muscle-action we should fill the lungs with air in the

act of inspiration. We know that on the act of inspiration depends the expiration. Both are compensating acts in the process of respiration. The complete method of breathing can be freely and comfortably carried out by the combined breathing muscles, abdominal or costal. In mouth-breathing there is a distressing feeling about the diaphragm; a lack of tonicity about the abdominal organs.

Any individual can demonstrate for himself the difference in the two modes of breathing, through the mouth and through the nose, by trying each alternately, the right and the wrong, several times in succession, until the difference is established. He can estimate for himself the capacity of each nostril for the passage of air, by closing one with a finger and listening to the sound made while breathing through the open nostril. If he can breathe with ease and noiselessly for about two minutes with one nostril closed, he breathes normally. If he can not there is something wrong. Air passing through a clear nasal opening causes almost no sound, but if there be an obstruction of even moderate extent there is a stenotic, hissing sound; or there may even be total closure and impossibility to inhale. This obstruction may be unilateral or it may occlude both sides of the nose, so as entirely to stop nasal breathing.

This is so much a matter of common experience that there ought not to be room for misconception. Yet I have had a number of presumably intelligent people say to me: "Why should I breathe through my nose when it is easier to breathe through my mouth?" And they often add: "I remember when I was a boy playing with other boys we would shut one another's mouth, so as to cut off the breath. When we did that we could not breathe. I never knew that we ought to breathe through the nose!" Would you be surprised to find that these were mouth-breathers suffering from malocclusion and developing early pyorrhœa?

Upon nasal breathing depends the air circulation in the several adjacent sinuses. The air exchange in the ethmoidal cells, frontal and antral sinuses, can be affected normally when the air is inhaled through the nasal cavity only; the last acting as a central, direct and distributing agency. Upon this air-refreshing in all sinuses depends the healthy condition of the membranous linings and the secretions, as well as the healthy stimulation of all nerves about the head, involving both the physiological and psychological manifestations of the individual.

We are told that amidst all the strange phenomena that are seen in the various functions of life, mental and physical, one of the most interesting, and perhaps the least understood, is the phenomenon of breathing, which has escaped the earnest attention its importance deserves.

Between the mind and the breath there exists a relation of the most intimate and significant character. Anger and fear, for instance, produce short, gasping respiration. Exultation and enthusiasm are accompanied by long, deep and vigorous breathing. Amazement or awe reduces the breathing to its minimum, and there also occurs the involuntary hanging of the mandible.

Each change of mental state is accomplished with a corresponding change in the power and rhythm of respiration. When the thought-vibrations awaken into action the higher intellectual powers, the respirations sink lower and lower and become slower and slower until in the ecstatic state of abstraction we almost cease to breathe.

A fine picture of this phenomenon is vividly conveyed in the "Lady

of the Lake."

The maiden paused, as if again
 She thought to catch the distant strain,
 With head upraised and look intent,
 And eye and ear attentive bent,
 And locks flung back, and lips apart,
 Like monument of Grecian art,
 In listening mood, she seem'd to stand,
 The guardian Naiad of the strand.

Wherever organic life exists there do we find divine manifestations of *The Breath of Life*. "The plants by the roadside, the trees of the forest, equally with the beasts of the field, the birds of the air and the fishes of the sea, depend for their existence and continued life upon the powers of the breath and the functions of respiration." It is to the slow, imperceptible combustion of the body that we owe our animal heat; the physical energy so necessary for the functional existence of the body, the invisible dynamic forces to stimulate the mind, and those finer ethereal forces that furnish and expend the spiritual energies of the soul, everything and all, is the outcome of that mysterious yet universal essence, *The Breath of Life*.

We read of the need for disinfecting books, sterilizing milk, laundering paper money, sterilizing the telephone mouth-piece, employing rubber gloves in surgery, the anti-inoculation fad and many other sorts of bacteriophobias—would it not be wiser and more humane to expend these energies upon the mouth, the nose, the teeth? In the discussion of measles as an infectious disease, Fiessinger has said: ". . . the danger is in the mouth and nasal passages of the people—and they disinfect the furniture!" One of the direst of human misfortunes is to inherit or to acquire an obstruction which closes, more or less, the nasal passages and compels respiration through the mouth. Dr. Kyle has demonstrated in a series of blood and hemoglobin counts, both before and after removal of nasal obstructions, that when air is admitted through the mouth vastly different results are produced in physical and mental activities than are noted when air is respired through the nose. Before removing obstruction he found the red blood corpuscles reduced about two millions per cubic millimeter—after removal of obstruction and the restoration of normal nose-breathing the corpuscles soon increased to the normal count of five millions.

This fact alone should convince our health boards and educators of the imperative need for a systematic study of nose-breathing and the evils of mouth-breathing. It surely is a matter to be lamented, that in America, even at this day, the thorough safe-guarding of the public health should be subservient to commercial considerations, and that the organization of health institutions should so frequently meet opposition.

Mouth-breathing, as I have observed, usually reappears in the children in a severer form than it afflicted the parents. The results are far more serious when both parents are afflicted with nasal disorders. I believe mouth-breathing, to a great extent, is imposed upon us by conditions of life over which we have little or no control. It may truly be called a disease of civilization, as Dr. Beard said, "reinforced by man's work, and worry and indoor life." Civilization has no doubt enhanced this abnormality. Among other symptoms of American nervousness Dr. Beard cites with much truth, nasal disorders, the American voice and the American nasal intonation. It is a national symptom. It is but natural for a healthy

individual to inhale all of the air by way of the *nostrils* or else the Creator blundered in his aim—a conclusion repugnant to the rational mind. The Bible tells us that man was clay until "The Lord Breathed the Breath of Life into Man's *nostrils* and he became a *living soul*." The wisdom and the truth of this biblical transmission give us a *golden rule* for the intelligent mode of respiration and it at once defines what *normal* and healthful breathing is. The breath of air *must enter the nostrils* and involuntarily *retrace its own wondrous path*. We have been progressing with sanitary and hygienic measures in reference to our surroundings, but we are doomed to gradual decay because of want of self-knowing. It is, indeed, a most deplorable condition that so few know the importance and value of a sanitary mouth and sanitary nose.

The infant, from birth, breathes through the nose; otherwise, indeed, the act of sucking could not be performed and a prolonged effort on the part of the child to retain hold of the breast would cause suffocation. Watch a babe a few days old who has the "sniffles," how it struggles for breath and with what difficulty it swallows. These facts may convince you that mouth-breathing only arises from dire necessity, and is not the natural mode of respiration.

One medical writer giving evidence in support of his many statements concerning the harm of mouth-breathing says: ". . . that a certain degree of intra-tympanic tension is necessary for the perfect function of the apparatus of hearing, and that open nostrils and nasal respiration are essential factors in the maintenance of the normal balance of tension between the intra- and extra-tympanic air pressures." This he considers sufficient and conclusive.

Dr. Cassels says: "If any one will experiment on his own person, and note his sensation, he will discover that with prolonged mouth-breathing the lining membrane of the oral cavity becomes dry and parched, and the act of respiration is at last disagreeable. While, with prolonged nasal respiration there are no distressing sensations. Breathing through the nose is one of entire freedom from annoyances, and its lining membrane remains moist, even becoming moister as the respiration of the air is continued. And in a country like ours, where there is plenty of weather but no climate, it is not possible to overestimate its value in the prevention of bronchial affections alone."

The atmosphere is nowhere pure enough for man's breathing until it has passed the mysterious, refining process in the nose. Man is by nature a nose-breather; and the practice of mouth-breathing is acquired either through carelessness, ignorance or local nasal or oral trouble, which renders nasal breathing difficult or impossible.

Let each thinking person remember that the nasal breathway is the only true one for air, that its structure is complete, that it needs no assistance from the mouth and that its functions, in normal state, are in harmony with the wisdom of the Maker.

(To be continued in the June Issue)



Dr. Ottolengui's Panacea

BY DR. M. J. ORTMAN.

Dr. Ottolengui presented a very interesting and comprehensive address to the Allied Dental Council, for the regeneration of the legal side of the practice of dentistry in this State. The plan as a whole, if it could be carried out in all its details, would undoubtedly accomplish splendid results, but I fear it cannot stand close analysis. It contains within itself obstacles which I believe will prevent its realization. I wish to point out a few of these difficulties, apparent to me after only a casual reflection on his remarks. That other objections may be found upon a closer scrutiny is probable.

Dr. Ottolengui, for one, suggests the registration of all licentiate dentists annually. A fee of one dollar is to be charged on each such occasion. And that the proceeds are to be devoted as a means to the prosecution of the illegal practitioners. That proposal I believe is a good one. It will tend to eliminate a number of the evils which now oppress the practice of our profession. But I am rather skeptical as to whether its benefits will be as far-reaching as Dr. Ottolengui expects. He stated that, presumably, from the proceeds of those registration fees inspectors would be appointed in every district, whose duty it will be to watch out for the illegal men. That all that will be necessary will be for one of these inspectors to visit any office whose dentist is not registered, demand of the occupant why he is not registered, and upon receiving an unsatisfactory reply, hale him before a magistrate, state the case, fine him a hundred dollars or so, or else slap him in jail. And lo and behold! there will be one less illegal man preying on the community. But I fear the doctor is over-sanguine in his expectations, or a little bit shaky in the law. While the possession of a dental outfit may be prima facie evidence of practicing, I doubt, nay, I feel almost certain no judge would convict a man for being the possessor of one. I doubt whether you can apply to such an intrinsically harmless object as a dental outfit the same law that applies to a burglar's kit of tools, or a dangerous weapon. Simply suspecting or believing that a man practices dentistry, on hearsay evidence would not procure a conviction in any court. If I am not mistaken the courts have ruled that it is not enough for a policeman to have seen a drink of liquor served to a customer, but that he himself, the complainant, must have tasted the liquor and be ready to testify to that effect. In the same way a complainant must prove that a particular individual has practiced dentistry on him, for a consideration. Most evasions of the law are overcome by subterfuges. Supposing a man having a dental outfit claims that he is a dealer in dental goods and that this represented his samples. Would that not sound possible? And by the way, how would you define a dental outfit? Would it mean a chair, or a cuspidor, or an engine, or an extracting forcep or some cotton rolls? Cannot a barber have a dental chair for his business, and an engine for massaging? Do not some dentists have barber chairs, and treat teeth instead of shaving hair? If to find a man in possession of a dental outfit would be illegal, one of the requirements would be to define a dental office, to comply with all the legal technicalities. Supposing a man claims that he uses his chair for the purpose of chiropody, and we noticed that the latter used the dental engine for trimming down toe nails, how will you prove that he is practicing dentistry, unless you can get one or two bona fide patients who have been treated by him and are

willing to appear against him? That, I believe, is the only evidence which will procure a conviction. Work actually done, and not merely the possession of an outfit. Yes, where you have your witnesses, then the possession of the dental outfit can be used as corroborative evidence, but it alone is valueless.

I can even foresee that a law like that if effective could be used as a means of persecution. Should a dentist die and leave his outfit the people keeping it could be haled to court to prove they are not practicing dentistry. Then again why cannot our illegal gentleman, when he is arrested on such a charge, get his licensed dental friend to appear and swear that he is the owner of the outfit? They help them out now, why not then? A dentist may have two offices, may he not? And by the way, will it be necessary for men that have two offices, each in a separate county, to register twice annually? This is not as rare as you may imagine. Numerous dentists now practice both in Manhattan and Bronx and the latter is soon to be a separate county. However, this objection is of minor significance.

Dr. Ottolengui expects to apply the registration fees to prosecution purposes. Does he not overestimate the proceeds? At the present time the dollar that is paid at the beginning of the practice is kept by the authorities. I presume a part of it goes toward maintaining the clerk's office. And the State will probably demand that that office maintain itself. Assuming that it will cost twenty-five cents, or one-fourth of the amount for that purpose. Dr. Ottolengui also suggests that the names of all the registered dentists be printed in book form and a copy of this to be sent to every one so registered. That undoubtedly would entail quite an expenditure. When these expenses are deducted from the sum total of fees, I dare say the balance will be a negligible amount and entirely inadequate for prosecution purposes, and more than that paying our district inspectors.

A law is valueless unless enforced. The present law, even the inadequate, would produce results if properly administered. I therefore believe that the essential thing to bring about immediate results is to take away the prosecuting power from the State Dental Society and lodge it with the district attorney of the several counties. They are charged with the prosecution of criminals; why not dental criminals? Surely the community may suffer serious consequences from the malpractice of these unscrupulous individuals. Then why should this not be the proper duty of the State, the best qualified agency for suppressing this vice? Why should not the various Boards of Health have inspectors to investigate conditions and in case of violations to have the District Attorney prosecute the cases? Why should we rely upon the good will and sacrifices of any individual? There is no compensation for this work and I cannot imagine that anyone would wish to undertake it. The dental profession of this State has been blessed, in the possession of a noble-souled gentleman, who has carried the awful weight of responsibility upon his shoulders so many years, despite aspersions and malignings. Why he clings to the job, I, for one, cannot imagine. But what, oh, what will our brethren do when this gentleman will have departed to those realms from whence no traveler returns? Then our entire prosecution committees, nay, the dental profession, goes to the bow-wows! For nobody will undertake the job. Dr. Ottolengui said there wasn't money enough to make him take it. The editor of the Progressive Dentist won't have it, and I positively refuse it. So there! What will become of us? Now we do not want any

favors in this matter. To be direct, the present incumbent has proven himself a failure in his position. Whether through incompetency, or lack of funds or any other reason, does not matter. The fact is, he has failed. This is a matter that concerns the state and the state ought to assume the responsibility. The district attorney of every county should have embodied as one of his duties the prosecution of all illegal physicians and dentists.

Informally this has been done, in the case of the Eastern Dental Society. The then District Attorney, Jerome, assigned a special assistant to take care of all dental cases and the results were excellent. But that was voluntary work; we must make this compulsory by law.

This I believe is the only feasible means at our command to bring about the most immediate results. I have no fault to find with strivings after perfection. On the contrary, I believe if you aim at the stars you may hit the top of a tree. And in time you may reach the ideal conditions which Dr. Ottolengui is striving for. But when we come to searching for Utopian conditions I believe I can go one better than my distinguished colleague. And that is this: when the state will employ all dentists as well as physicians to take care of the welfare of its citizens and as a consequence the motive of personal gain will have been removed; when the dentist is assured a remuneration from the government, then will he do his best. Instead of as now, while directing one eye in the patient's mouth, having the other eye aimed at his pocketbook. When that change comes all the present evils will automatically cease.

Our Present Dental Laws Are Not Enforced

BY H. SCHWAMM, D.D.S., LL.B.

(Delivered at the First General Meeting of the Allied Dental Council of Greater New York, April 29, 1913.)

The greater part of the remarks I intended to make have been nipped in the bud by Dr. Ottolengui's lucid presentation of the proposition in question. There are a few points, however, which to me appear in a different light, owing perhaps, to the fact that I happen to be a member of the Bar and to possess some practical legal experience which gives me some knowledge not only of the "anatomy" but of the "physiology" and "pathology" of the law as well.

Can the illegal practice of dentistry be stopped by legislation? No, it cannot. Legislation means the passing of laws, but enacted laws are not worth the paper they are written on, unless enforced. While our dental laws are inadequate and by far inferior to the laws in some western and southern states, I maintain, and I know by actual experience whereof I speak, that 75 per cent. of the illegal practice in this city could be eliminated if the present laws were to be executed. It is for this reason that I take the announcement of further legislation with a grain of salt. Let us take a glance at our present law and see what could be done with it if we wanted to.

Section 201 of the statute regulating the practice of dentistry in this State reads in part: "If any practitioner of dentistry be charged under oath before the board with unprofessional . . . conduct, or with gross ignorance or inefficiency in his profession, the board shall notify him to appear before it at an appointed time and place . . . to answer said charges. . . . Upon the report of the board that the accused has

been guilty of unprofessional . . . conduct, or that he is grossly ignorant or inefficient in his profession, the Regents may suspend the person charged from the practice of dentistry for a limited season, or may revoke his license." Yet neither our board of examiners nor any of the district societies maintain a grievance committee, nor proceed in any way against the registered dentists who employ or are employed by illegal practitioners; who aid, abet, or assign their license to such persons.

Section 203A reads in part: "A person who, in any county of this State, practices or *holds himself out to the public as practicing dentistry*, not being at the times of said practice or holding out, a dentist licensed to practice as such in this State and registered in the office of the clerk of such county . . . is guilty of a misdemeanor . . ." How can we reconcile this provision with existing conditions? In many places of this city charlatans of various descriptions hold themselves out to the public as dentists, in a most brazen manner without being interfered with.

It seems to me that in order to effectively stop that fraud on the public, and the abuse of the fair name of dentistry, we need not only additional legislation, but also better enforcement of the law, and a Grievance Committee on the style of one maintained by the Bar Association of this city.

The Dental Parlor and the Illegal Practice of Dentistry ★

BY M. S. CALMAN, D.D.S.

(Read before the First General Meeting of the Allied Dental Council of Greater New York, April 29, 1913.)

CAUSES.

Of the many agencies tending to degrade the dental profession from a socially useful enterprise to a mere money-making scheme none have contributed so much toward that end as the dental parlor.

What are the causes that have given rise and make possible the flourishing of such conditions of affairs. They are the following:

1. *Commercialism.*—Like a good many of our social activities, dentistry has been commercialized. Business men who do not and cannot appreciate professional skill or knowledge have "taken up" dentistry purely as a business proposition, as a means of making profits, big profits. They are in the profession for what there is in it, to use a common expression.

2. *Inadequate Dental Laws.*—The present dental laws are so inadequate and full of loop-holes that they are taken advantage of and made to serve the ends of unscrupulous dentists and business men, thus degrading dentistry to the level of a lucrative business. As proof of the statement, notice the increase of the dental parlors and the multiplication of their nefarious practices.

3. *Non-Enforcement of Existing Laws.*—If the existing laws, inadequate as they are, were enforced, the number of dental parlors and illegal practitioners would be greatly reduced. The experience of a number of my friends with the counsel for the State Dental Society will bear me out, that instead of those employed to see to the enforcement of the dental laws being the enemies of the illegal fraternity, they are their allies.

4. *Dentists who cannot obtain a clientele, and graduates who have no funds to open dental offices,* are compelled to sell their labor power to the owners of dental parlors, and in that manner exploited they constitute the

*Some parts of this article appeared in past issues of the Progressive Dentist

element through whom the owners elude the law.

5. *Lack of Experience.*—Some graduates who have not obtained enough practical experience at the operating chair while at college because they were kept busy with their studies or because they had to earn their living by devoting part of their time to some trade, and in order to obtain such experience before they open up offices of their own they prefer to practice on the teeth of somebody else's patients.

6. *Lack of Knowledge of the Business End of Dentistry.*—To acquire that, some of our men hire themselves out to learn the business end of dentistry since the college curriculum does not provide such a course.

7. *Lack of Funds.*—Here I will quote from a letter of Mr. Purrington, the Counsel of the State Dental Society: "The resources of the State Society are very small. It has no contributions from the public as the societies for Prevention of Cruelty to Children and Animals and for the Suppression of Vice have. The Society for the Prevention of Cruelty to Children has, I think, an income of nearly \$100,000. The Dental Society has nothing except what comes from dues of its small membership, the surplus of examination fees turned over by the Department of Education, and fines."

WHY GOOD LAWS ARE NOT ON THE STATUTE BOOKS.

1. *Indifference on the part of the membership of the State Dental Societies.*—As a rule the majority of the members of the recognized dental societies are little-to-do practitioners plying their profession among the rich of the community, and are little or not at all affected by the blighting influence of the dental parlor. Hence they take little interest in finding out the defects in the present dental laws and to see to it that they are corrected.

2. *Ignorance of the general public.*—The general public has as yet to learn the lessons of the important relationship between bodily health and a set of sound teeth. They also know little of the value of good, conscientious professional services. In their ignorance they seek relief where it can be gotten cheapest, thus becoming the dupes and victims of the dental parlor's alluring signs and advertisements, of its empty promises and worthless guarantees. The owners of the dental parlors have no difficulty in convincing our legislators, who know no more about the oral cavity than a layman, that the wiping out of their (the owners') offices will mean the raising of prices by the legal practitioners for dental services to the general public.

Even our Judiciary seem to know little of the progress dentistry has made in the last few years, as you will readily see. I quote part of a decision recently rendered by the Appellate Division of the Supreme Court:

"Strictly speaking," says the court, "a dentist might be included within a description relating to those who practice surgery, but as the term surgery is employed in the statute it does not include one engaged in the practice of dentistry.

"Within quite recent years it was customary for barbers and blacksmiths to extract teeth. Formerly the work of filling and plating teeth was frequently performed by the jeweler. A process of integration and differentiation has come into existence.

"That the specialization has resulted beneficially to the community and that dentistry has now become a highly developed science is doubtless true. But this fact does not militate against the construction of Section 834 of the Code of Civil Procedure, excluding a dentist from the operation of its provisions."

REMEDY.

The Socialization of dentistry offers the only permanent solution of the problem. Given a state in which every dentist will be under the direct control of the members of society he will have an opportunity to become in the real and full sense of the word a social servant. Once the incentive for profit is eliminated his ideal will be to serve his fellow-men to the best of his ability. Only in the presence of social management and control will such an institution as the dental parlor disappear.

But since this is not possible at the present time, the following may help solve to some extent our present difficulties:

1. The enactment of a law that will prohibit the ownership, control or management, directly or indirectly, of a dental office by a layman.

2. The Education of the Public.—So long as the people remain in ignorance as to the important part the teeth play in the conservation of health, just so long shall we be guilty parties to the results brought about by the disease breeding bacteria of a filthy oral cavity. It is our duty to see to it that in the present century no one should be left in ignorance of the value of sound teeth.

We can reach and educate the public by:

(a) A systematic distribution of leaflets written in a plain and attractive manner.

(b) Through the press, which is a most powerful educational factor.

(c) Through a series of public lectures, given in public schools and halls, and illustrated with stereopticon views, will prove both interesting and instructive.

3. Recognition by the State.—Work for the enactment of a law creating a Board of Dental Examiners to work in conjunction with the Board of Health. This Board of Dental Examiners should:

(a) Render practical talks to the school children from time to time.

(b) Teach the children the use of the tooth brush and mouth washes.

(c) Establish Dental Clinics in every public school building, for the treatment of the teeth of children whose parents can't afford to pay for service.

(d) Have incorporated in all school textbooks, a chapter on the importance and care of the teeth.

If the enforcement of the laws relating to the illegal practice of dentistry were intrusted to those who are most affected by such illegal practice, and with the assistance of the county prosecutors, the number of the dental parlors and illegal practitioners would be greatly reduced. Mind you, I do not say that it can be entirely wiped out, for I believe with Dr. Evslin that the dental parlor is an unhealthy ulcer and is due to the abnormal economic relations of present society. And like an ulcer due to a general state of the blood can never be treated radically unless the blood itself is purified and the system in general is brought to a normal state of health, so likewise will the dental parlor be with us as long as the present economic conditions will remain unchanged.

Two ways how the power of enforcing the laws relating to the illegal practice of dentistry can be turned over to us:

Either have the present dental laws amended so that the division of the state into district dental societies be increased, and the Harlem, Eastern and Kings County Dental Societies constitute legal subdivisions of the State Dental Society. I hear some one say, why don't you join the present dis-

strict societies? My answer to that is that a great many of those present here to-night are according to the by-laws of these societies not eligible to membership.

Or—if the gentlemen of the First and Second District Dental Societies are really anxious to see the laws enforced, and since as I have tried to prove above that the illegal practicing of dentistry affects their practice to a small extent or not at all, let them go into a "gentlemen's agreement" with our Allied Dental Council (same as the express companies with the railroads) and you can rest assured that these matters will receive proper attention.

As funds are needed, I would suggest that a law be passed that every dentist register his license every year and that he pay the sum of one dollar for same. This dollar from each practitioner to go towards the expenses incurred in prosecuting illegal practitioners. I am sure that every legal practitioner will gladly pay a dollar a year for such an important purpose. This money, together with the fines imposed and collected from illegal practitioners found guilty of violating the dental laws will, I am sure, create an adequate fund.

ALLIED DENTAL COUNCIL NEWS

The first general meeting of the Allied Dental Council of Greater New York took place on Tuesday evening, April 29, 1913, at Stuyvesant Casino. Dr. M. William presided. In opening the meeting he made the following introductory remarks:

In the name of the Allied Dental Council of Greater New York I call this meeting to order.

I want to take advantage of this occasion to congratulate you, members of the Eastern Dental Society, the Harlem Dental Society, and the Kings County Dental Society on the wisdom you have shown in voting to establish the Allied Dental Council of Greater New York, through the Federation of your several societies.

It is safe to venture the prediction of a new era in our profession. Everyone of us can now gather renewed courage and confidence from the knowledge that at last we are going to utilize the one weapon which can successfully solve every problem confronting our profession to-day, and that weapon is *unity*, all-powerful *unity*. There isn't a problem pressing for solution at our hands which can stand up under the attack of this all-conquering weapon.

Some of our active workers have been accused of being dreamers, seeking to accomplish the impossible. I want to tell you, my friends, before the Allied Dental Council is many years old, its achievements will have been such that the wildest dreams of our wildest dreamers will appear as rank conservatism when compared with them.

This council fills a long felt want. It means business and means to attend to business from the sound of the gong.

Now, I am very well aware of the fact that you haven't come here to hear me speak, so we will get right down to the business of the evening.

It is most fitting that at the first meeting of the Allied Dental Council of Greater New York that we have for our principal speaker a man who is such a power for good in our profession. He feels that he can render his profession no better service than by doing all that lies within his power to

help us eliminate those conditions which tend to degrade it.

You all know the subject of the evening: "Can We Control the Illegal Practice of Dentistry by Legislation?"

I take great pleasure in introducing to you Dr. Ottolengui.

Dr. Ottolengui urged that all personal feeling be set aside in the discussion to follow his address. Also that all possible suggestions bearing on the subject of the evening be brought out. He claimed that there was one honest purpose in any law that is the protection of the community; that there be a limit of lack of skill on the part of a dentist; that the community has a right to say that it must have some protection from incompetent dentists.

In outlining a system of legislation he stated the following:

Stricter entrance and final examinations for students.

Examination questions to be formulated by a National Board; that staffs of teachers and examiners in dental colleges be from time to time replaced by a newer element; that a dental license be national in scope, admitting the holder thereof to practice in any state in the Union.

That annual registration of a dental license be required and the sum of one dollar be paid on such occasion, the money thus collected to be used for the prosecution of illegal practitioners and for the publication of an annual register, which should be mailed to every dentist who is registered.

That every dentist be a member of the State Dental Society, also of the District Dental Society; the doctor's greatest desire was to see the dental profession united.

That dental licenses be revoked for hiring the services of non-licentiates; also for unprofessional conduct for a third time on the part of a dentist.

That the detection of infractions against the law be vested with the Board of Health, the county prosecuting attorney pressing the cases.

Under discussion the following was brought out:

Dr. Schwamm.—(What he said appears elsewhere in this issue of the Magazine.)

Dr. Freiman.—Stated that not only the public is entitled to protection by law, but the dentists also.

Dr. Calman.—Read a paper which appears elsewhere in the present issue of this Magazine.

Dr. Ratner.—Cited an actual case amply illustrating the utter neglect of duty on the part of those presently charged with the enforcement of the dental laws.

Dr. Fichandler.—Was of the opinion that if a dentist be in need of extra help and can't afford to pay the salary a registered man commands, that such dentist, instead of employing the "laboratory man," be allowed within the law to avail himself of the services of a student about to graduate.

Dr. Rice.—Took issue with the clause in the Michigan law, which makes it illegal to own a dental outfit or dental office by a layman, on the ground that such a clause will not be upheld in the courts. He favored instead the levying of a tax on a dental outfit or dental office owned by a layman. He also recommended that the District Attorney take charge of the presentation of cases in violation of the dental laws.

Dr. Chayes.—Attributed the cause of the evils confronting the dental profession to the ignorance of the public with regards to beneficial dental services. He was in favor of a fund collected through annual registration, but such fund should be employed for the purpose of purchasing advertising space in the newspapers to educate the public with regard to the right kind of dentistry.

Dr. Bowman.—Claimed that the existence of the illegal practitioners is due to the poverty of the masses that largely patronize them because of the fact that they are allured by the low fees and fake promises. He therefore advocated that the legislature pass a bill to appropriate funds to establish clinics for the poor.

Dr. Gillette.—Admitted that the dental laws have not been adequately enforced. He argued that the enforcement of the dental laws be entirely taken out of the dentists' hands. "The essential factor in our profession," he said, "is unity. United action toward proper enactment and proper enforcement of the laws, will result in bettering the situation."

Dr. Tracy.—Congratulated the Council upon its success in bringing about such a splendid meeting and highly approved of the spirit that animated those present at the meeting.

Dr. Daily.—Insisted that the Board of Health take complete charge of the enforcement of the dental laws.

Dr. Ottolengui.—In closing the discussion, among others, replied to Dr. Chayes that if funds were used up for the purchase of newspaper advertising, that the illegal practitioners would buy the opposite page to claim that they furnish the kind of dentistry annunciated on the opposite page.

DR. WILLIAM'S CLOSING REMARKS.

I am in hearty accord with Dr. Ottolengui when he says that he hopes the Allied Dental Council hasn't a very long life before it. We shall all be very happy to see it die when it will have nothing to live for, but you will recall that in my opening remarks I stated that it fills a *long felt want*. If the Allied Dental Council never does another thing, this meeting alone justifies its existence.

A vote of thanks was extended to the speaker of the evening.

A resolution unanimously carried, pledging the meeting as being in complete agreement with the sentiments expressed by Dr. Ottolengui.

The meeting was then adjourned.



"Movies" Serving Hygiene

Approaching Congress to be Held Here Will Employ Motion Pictures

Moving pictures are being used not only in this country, but all over the world, for the purpose of calling attention to the Fourth International Congress on School Hygiene, which will be held at Buffalo the last week in August. The film now being shown in the cities of the United States was taken in Buffalo and gives a view of the school children of that city signing a petition which is to encircle the globe, inviting educators, scientists, parents, city, state and national officials to the forthcoming congress.

Motion pictures will be used at the congress itself. One of these will be the motion picture film entitled "Tooth Ache," which is produced under the auspices of the National Mouth Hygiene Association.

Socialist Party Members in the Profession

An effort is being made by the Information Department to collect the names of the members of the Socialist Party who belong to the professions. There is a two fold object in this effort—first, to show the proportion of educated and especially trained men in the Socialist Party, and, second, (and what is more important) to enlist the technically trained comrades in the constructive work which the party must do. More and more the comrades everywhere are realizing their need of technical information that can be relied upon to help them in their tasks as members of city councils, school boards and state legislatures. Already a number of consulting engineers, scientists, special students and others are assisting the party thru this department. It is hoped that this list may be greatly lengthened and strengthened.

Comrades who themselves have some technical training in any particular line, or who know of comrades who have such attainments, should send the information to this department and correspondence will be opened with them.

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...The Progressive Dentist...

Dr. LEWIS RICE, Editor, 423 East 6th Street

Dr. M. S. Calman, Business Manager, 15 East 106th Street, N. Y.

EDITORIAL DEPARTMENT

Just at the present moment when the activities making for a compact and effective organization of our profession, strong enough to eradicate all evils confronting us, are so promising; we have to bear in mind along with the other factors tending to gravitate our profession to lower levels, one factor, whose appearance is as yet spectral, but nevertheless threatening to overshadow all other evils, from which the profession is suffering, once it became real. This is the so-called "dental nurse."

From some quarters we hear that it is very desirable to legalize a species of dentist called "dental nurse." This species, if we grasp its meaning right, should occupy a position within the eyes of the law midway between the dental mechanic, who has the right to work on inert matter only and between the licensed dentist with all rights to the practise of dentistry. In other words the "dental nurse" is to be a licensed dentist with limited rights. We quote from the "Dental Nurse Act," proposed in Massachusetts: "Sec. 2. A registered dental nurse shall be licensed to perform only such duties as shall be specified in his license, etc." The same section concludes thus: "The dental nurse shall be licensed to perform the service of cleansing of teeth." Every dentist of experience knows the appalling number of persons violating the dental laws within and without the offices of registered dentists and all this with the law barring anyone not a registered dentist from treating the teeth and adjacent parts. What would happen if this dental nurse bill carries? Simply this: all dentists using the professional name of dentistry to cover up an ugly commercial motive would dismiss their registered assistants and employ the dental nurse. The dental parlors speak for themselves. If the dental mechanic of the present at the slightest difference with his superior can "open for himself," why couldn't the dental nurse?

At a recent mass meeting of dentists held under the auspices of the Allied Dental Council of Greater New York, one of our most prominent members of the profession speaking on the subject, "Can We Control the Illegal Practice of Dentistry by Legislation?" traced the origin of the evil of the illegal practice to the fact that the law permits a layman to be employed as a dental mechanic to work on inert matter. He showed how this dental mechanic in the absence of the dentist will relieve a toothache by some essential oil treatment; next he will assist the dentist during the busy hour; finally going out and opening up for himself. This is so very true that our astonishment is the greater how this same dentist thus speaking, whom, by the way, we all honor and respect, can be the greatest supporter of this "dental nurse" movement in our State. If he can see how the dental mechanic without any legal standing can lead up to become an independent illegally practising dentist, how much easier will the legalized dental nurse lead up to the same extent. Moreover the possibility for the violation of the dental law under the protection of a registered dentist is unlimited. If this dental nurse movement succeeds our profession is doomed. No act can be broader in its sweep than this dental nurse act, whose spectre is making its appearance. We have no doubt that most of its advocates are well meaning and prompted by the spirit of uplift which animates them in the interest of the profession. Yet we must say that they are in a thick

blunder. We predict that if this "dental nurse spectre" becomes real our profession will go the same way the pharmaceutical profession went. Large dental concerns, similar to drug concerns, will come forward with one or two registered dentists and a staff of dental nurses, giving the public a dentistry compared to which the present "parlor" dentistry is most praiseworthy.

The Massachusetts dental nurse bill received the strongest antagonism from the Dental Examining Board of that state. We quote some passages which appeared in the Items of Interest, from a report submitted by that board:

"The bill in question is simply an attempt to create a new species of dentist to be known as the 'dental nurse.'"

To show that this board realizes the danger of giving anyone other than a dentist the right to work in the mouth of a patient, we quote further:

"Under the provisions of this bill the nurse would have the right to perform operations upon the human teeth and gums that require the highest skill of the trained and registered dentist. She would be allowed the use of every instrument in the dentist's office; she might treat the most serious and painful disease that the teeth and adjacent parts are subjected to.

"In fact, everything of a medical, surgical and scientific nature in dentistry would be open to her under this bill except alone the purely mechanical operations—the filling of teeth, making plates, setting crowns, bridges, etc., and even those might be included under the clause: 'Assisting a registered dentist during the performance of his dental operations' found in the eighth section of the bill."

To show how justly the Massachusetts board appreciates the importance of the operation of cleansing the teeth, we quote further:

"To effectively clean the teeth it is necessary at times to use the dental engine; the dental nurse, therefore, would be privileged to use the same.

"In the opinion of the board, none but those trained and educated to the present standard of the Massachusetts requirements should be permitted to handle in the human mouth this surgical instrument."

In refuting the attempt of the promoters of this dental nurse act to call the garb of charity to view, thereby to perhaps hide other motives, we further quote:

"The advocates of this proposed legislation have not one word to say in defence of this 'dental nurse' in private practice, except as a means of increasing the office income, but urge by way of excuse, as it were, the need for the nurse in dispensary, infirmary and hospital work and among the poor children in our public schools, as if the proper practice of dentistry among the unfortunate and the poor did not require the same skill and efficiency as among the rich, or because, perhaps, the unfortunate and the poor would be satisfied with inferior and limited service.

"There is no charity in this, and if the city or State is to provide assistance of this kind to the poor, as suggested, the city or State cannot afford to be a party to the scheme. The rich, though sometimes imposed upon, may choose their own dentists; the poor cannot, and all are entitled to the equal protection of the law."

We, for our part, cannot but indorse the complete sentiment of the Massachusetts board, and in addition we call upon all dentists who wish to see dentistry continue in its march of progress to oppose and fight this dental nurse spectre until it vanishes from the dental horizon, as it well deserves.

DENTAL SOCIETY NEWS**HARLEM DENTAL SOCIETY**

Meets the Fourth Thursday of each Month at
THE SAVIGNY

229 Lenox Ave. Bet. 121st and 122nd Sts.

Dr. W. S. ENGELBERG, Sec'y
2400 Seventh Ave., New York

EASTERN DENTAL SOCIETY

Meets the First Thursday of each Month at
CAFE BOULEVARD

156 Second Ave., Cor. 10th St.

Dr. A. LeWITTER, Sec'y
330 E. 4th Street, New York

KINGS COUNTY DENTAL SOCIETY

Meets the Second Thursday of each Month at
THE WILLOUGHBY MANSION

667 Willoughby Ave., Brooklyn

Dr. A. FRIEDENBERG, Sec'y
Bushwick 452 Ave., Brooklyn

A regular meeting of the Harlem Dental Society was held Thursday, April 24, with Dr. Maurice Green, the Vice-President, in the chair.

Prof. William J. Gies, M.S., Ph.D., of Columbia University, delivered a very interesting lecture on "The Prevention of Dental Caries." Dr. Samuel Daskow opened the discussion in which Drs. Mayer, Calman, Ortman, Getzoff and others participated. Dr. Green extended the thanks of the Society to the lecturer of the evening.

The following communication was read:

220 Stockton Street, Brooklyn, April 18.

*To The Harlem Delegation of the Allied Dental Council
of Greater New York.*

Greeting:

We, the undersigned, delegates of the Eastern Dental Society and the Kings County Dental Society, take great pleasure and pride in placing before you the latest activities of the Allied Dental Council of Greater New York.

On Thursday evening, April 10, the Eastern Dental Society unanimously ratified the constitution of the Allied Dental Council of Greater New York with the following amendments:

Sec. 4 of article 3, subdivision B, adding the following: two-thirds vote of the entire council necessary to admit.

To Sec. 5 of article 4 is added the following: Delegates subject to recall by their respective societies for cause and after a proper opportunity to be heard has been given.

We believe that these amendments are well taken and suggest that you recommend their adoption by your society.

On Monday evening, April 14, the delegates to the Allied Dental Council convened at Dr. Lief's office in response to a notice sent out by the secretary. Nine delegates were present (eight constituting a quorum). Dr. William reported that Dr. Ottolengui expressed a great desire to appear before the Allied Dental Council of Greater New York and address it on the subject, "Can We Control the Illegal Practice of Dentistry by Legislation?" Dr. Ottolengui knows that the members affiliated with the Council are most directly interested in legislation that will meet this serious problem. At

this meeting he hopes to hear the views of our membership on the form of legislation, etc. He will prepare a paper based on the results of this meeting which he will read before the State Society meeting at Albany in May.

A Committee was appointed to get a suitable hall for this meeting and to draw up a notice. The Committee engaged Stuyvesant Casino, at 140 Second Avenue, New York, for Tuesday evening, April 29. Fifteen hundred notices will be sent out; and we are safe in predicting that it will be the biggest meeting ever held by dentists in New York and the activities of the Council are only just beginning.

In reporting to you the action taken by the Eastern Dental Society we neglected to call your attention to the following significant incident. When the Society was told of the Ottolengui meeting and also of the fact that it would have to stand its share of the expenses of this meeting, amounting to about \$35; on inquiry it was found that there wasn't a cent in the treasury. In less time than it takes to tell it, as if prompted by some exalted inspiration, the members present to a man dug their hands into their pockets and in two moments \$35 were raised by voluntary contributions.

The above will convey to you some idea of how seriously the Eastern Dental Society and the Kings County Dental Society are taking the activities of the Allied Dental Council. Surely the Harlem Dental Society with a most intelligent membership will not be found lagging behind, but will do its full share in furthering the activities of the Allied Dental Council of Greater New York.

We urge you to recommend to your society that they vote to stand their full share of the expenses of the Ottolengui meeting, the results of which must redound in incalculable good to every dentist in the State.

Any dentist would be only too happy to pay a dollar more a year to his society when it is used to further activities which have for their object the protection of his professional interests.

With fraternal greetings,

Maurice William.
Louis Levitt.
Solomon S. Ratner.
A. N. Bresler.

Samuel H. Filler.
Henry Schwamm.
Harry Goldberg.
Lewis Rice.

The minutes of the previous meeting were read and on a motion tabled.

The following three amendments to the constitution were adopted:

Meetings.—That the Society hold seven consecutive meetings instead of nine, beginning in October and ending in April.

Dues.—The annual dues shall be Three Dollars, payable in advance.

Executive Committee to consist of eight men to be elected for a term of two years, provided that at first election four are to be elected for a period of one year, and four for a period of two years; duties to be as follows: To take care of all the work of the organization as provided for in the constitution for the committees severally, all other committees are hereby replaced.

The above amendments to be effective at next annual election.

A motion that article 7 of the constitution of the Allied Dental Council, relating to dues, be acted upon favorably. An amendment that our society guarantees one-third of the expenses incurred by the Allied Dental Council. The maker of the motion accepted the amendment which thus became a motion and was carried.

Dr. Rosalsky and Dr. M. Friedman each donated \$5 to the fund of the Allied Dental Council.

The meeting then adjourned.

The Eastern Dental Society held its annual meeting at the Cafe Boulevard, beginning on Thursday evening, May 1.

In the evening at the first session, Dr. Jackson spoke on "Orthodontia," and also showed many interesting slides.

The second session opened at 2 p. m. on Friday, May 2. The principle features of this session were several clinics, viz.: Dr. Spies demonstrated the proper method of scaling the teeth; Dr. Lederer, the chiseling away of the alveolar process under local anesthesia to make room for a bridge.

The third session consummated the Annual Meeting, with a banquet, with Drs. Ottolengui, Starr and Evans as the principal after-dinner speakers. Dr. Lederer acted as toastmaster. The dinner was followed by a dance.

The next regular meeting of the Kings County Dental Society will be held at our quarters, the Willoughby Mansion, 667 Willoughby Avenue, on Thursday evening, May 15, 1913, at 8.30 sharp.

This being the final meeting of the year, the Executive Committee has arranged an extraordinary programme which will be both instructive and entertaining.

The first part of the meeting will consist of the regular order of business. Final reports of all officers and committees, embracing all activities of the past year. The Constitution and By-laws will be presented to the members of the Society for ratification and adoption. Election of officers for the ensuing year, which will be followed by the appointment of new committees.

The following applicants will be balloted for admission to membership: Dr. N. Kerbel, 500 Fifth Avenue; Dr. B. J. Lustgarten, 39 Lee Avenue; Dr. R. Aronson, 468 Twelfth Street; Dr. J. S. Calman, 1822 Eighty-fifth Street; Dr. B. A. Lanset, 839 De Kalb Avenue.

For the second half of the meeting, the Executive Committee has excelled itself, in procuring after great effort and expense, the moving picture film of Dr. Hunt, of the National Hygiene Committee, "The Toothache," which is being presented throughout the country. The Committee has made arrangements with the Second District Dental Society to have this film presented at our meeting. This is a rare treat, that very few societies have had the opportunity of enjoying.

The Committee expects to tax the seating capacity of our meeting room, therefore it is advisable for all members to arrive early.

To crown the evening, a grand collation will be held, to make the adjournment for the year a pleasant one.

The Executive Committee respectfully asks that members come prepared to express their opinions and desires regarding the programme for the following year. Criticism is also invited as to the course taken during the past year.

A regular meeting of the Kings County Dental Society was held on Thursday, April 17, 1913.

Minutes of the previous meeting were read and adopted.

Dr. William, of Federation Committee, reported ratification of the Federation By-laws with the change calling for the recall of the delegates; also about large meeting on Tuesday, April 29, with Dr. Ottolengui as the speaker; also reported adoption of resolution in re Dr. Porter. Final ratification postponed to next meeting.

Dr. M. S. Joffe presented resolutions in re Dr. Porter, which were adopted.

The Banquet Committee reported surplus in the hands of the committee. A vote of thanks by the Society was extended to the Banquet Committee. Dr. B. Schapiro reported on the splendid work of the school committee.

Nomination for officers: President, S. Schapiro; Vice-President, Dr. Robbins; Treasurer, B. Shapiro; Corresponding Secretary, S. H. Filler; Librarian, A. Sternhardt.

As delegates of the Allied Council: Drs. M. S. Joffe, M. Williams, Robbins, Harris, S. Filler, A. Friedenberg, J. Pensack and J. Levitt.

Dr. George Wood Clapp, editor of the Dental Digest, then delivered a very interesting lecture on the subject, "Face to Face with the Problem of Life." The lecture was followed by an open discussion in which Drs. Joffe, William, Lief and others participated.

The meeting was then adjourned.

C. D. O. S. N. Y. NOTES

The year is almost over and the hopes of many of the students will soon be realized. The seniors are anxious to see how the letters D. D. S. will look after their names; the juniors hope to become the "revered seniors; and the hope of the freshmen is to grow out of the childhood days into the teens.

The juniors have outdone the seniors, in presenting the college, on the occasion of the new building, with a reflectoscope, for the purpose of illustrating the lectures. The present costs more than thrice the sum of the dental chair presented by the seniors. The juniors have also presented the irde monstrator of practical anatomy (dissection), Dr O. V. Hyde, of the Eclectic Medical College with a silver loving cup; Mr. Grief being the initiator of this idea.

Emil Eichel, '14

The I. S. S. Is Growing Steadily in Colleges

OFFICIAL ORGAN OF NATIONAL MANUFACTURERS' ASSOCIATION APPALLED
AT THE MENACE OF SOCIALIST PROPAGANDA AMONG STUDENTS—
CONVENTION DATES ANNOUNCED.

The general work of the Intercollegiate Socialist Society is progressing steadily and recently large numbers of names of interested students have been given to the society by professors of political economy in the colleges. The following article, which appeared as the chief editorial in the April number of American Industries, the official organ of the National Manufacturers' Association, indicates something of the uneasiness of the recipients of special privilege over the remarkable growth of the society's educational work during the past few years:

"Men of standing in their communities to whom 'Socialism' is as yet only the expression of a fad, may wonder where some of the fantastic schemes for making the world over which their sons and daughters bring home from college emanate. Their complacency ought to indicate some evidence of disturbance if they pay any heed to the activities of Socialistic organizers.

"As a result of a ten days' trip among the New England colleges, one organizer reports that three groups have applied for charters in the Intercollegiate Socialist Society, at the University of Vermont, Massachusetts

Institute of Technology and Simmons College. Two of the chapters were added the same afternoon. The other groups were reorganized, and movements were started among a number of other undergraduates and graduate chapters. One of the organizations is found among the students of Wellesley, where 125 members of the college body have signed their names as desirous of studying Socialism. Addresses were given during the trip at ten colleges and before two alumni chapters.

"The Y. M. C. A. and College Union of Brown University gave over their college night to a discussion of Socialism. The Brown University Herald the next day urged students in the university to join the Socialist Club. At Tufts College an address was given and a movement started toward the formation of a chapter. The same was done at Harvard University. A large number of the Wellesley students were present to listen to an address on Socialism at the home of Prof. Ellen Hayes. A talk was delivered before the Springfield Alumni Chapter and the American International College, Springfield, Mass.

"Friends of the Intercollegiate Socialist Society in and around Boston are said to be planning to form a New England Committee of the society, and to take from the shoulders of the general society a considerable part of the responsibility of looking after the work in the New England colleges.

"It is full time that those who realize the menace to the social order that Socialism means should address themselves to the same occupation."

Most favorable comments have been received from all quarters regarding the first issue of the quarterly magazine of the society. The April issue is out, and is of much interest to all who wish to know more about Socialism. The principal article of the issue is a symposium on "Possible Methods of Transferring Industry from Individual to Collective Ownership." Mrs. Florence Kelley, national secretary Consumers' League; Algernon Lee, educational director of the Rand School; William English Walling, author of "Socialism As It Is," and Carl D. Thompson, former city clerk of Milwaukee and head of the Information Bureau of the Socialist party, deal with the subject from different points of view. H. D. Sedgwick tells why collegians should devote their lives to social service instead of individual success. The progress of the work among the colleges is also described. Copies can be secured from the Intercollegiate Socialist Society, 105 West 40th Street, at 10 cents a copy, five copies for 30 cents, ten copies for 50 cents.

The first sectional conference of the I. S. S. was held in Boston, Friday and Saturday, April 25 and 26. The conference dinner took place Friday evening at the Twentieth Century Club. The speakers were ex-Congressman Victor L. Berger, Dr. Thomas C. Hall, Professor of Christian Ethics at the Union Theological Seminary; Harry W. Laidler, Organizing Secretary of the Intercollegiate Socialist Society, and Grover G. Mills (chairman), President of the Boston Alumni Chapter. On Saturday morning at South End House, a conference was held between delegates from a large number of the New England colleges. Ordway Tead, Amherst, 1912, was the chairman of the Conference Committee. Victor L. Berger spoke during April also at Columbia, Yale, Harvard, Wesleyan and Springfield, Mass.

The British Socialist Federation which held its convention March 29, is also reporting excellent prospects.

Socialism in Colleges Gratifies Victor Berger

Gratification at the manner in which the colleges of the land are receiving the Socialist message was expressed by Victor L. Berger, former Socialist Representative in Congress.

Berger stopped in this city on his way back to Milwaukee, his home town, after a lecture tour which has taken him before the representative universities of the nation. He has addressed the student bodies at Yale, Harvard, Wesleyan, Columbia, Harvard, and the joint alumni associations of several universities at Springfield, Mass. He also spoke at the convention of the Intercollegiate Socialist Society of New England in Boston.

In all of the institutions of learning Berger was greeted by large, attentive and even enthusiastic audiences. These audiences were not exclusively made up of students, either, said Berger. The members of the various faculties also availed themselves of the opportunity to hear the first Socialist Congressman. The presence of members of the faculty in the audience was particularly notable at Yale. Also, the audience at this standard university was the largest of any. Here particularly did the hearers manifest an interest in the lecture by asking questions and the interrogations were not confined to the students. The professors showed an eagerness to make inquiries.

Berger left for Milwaukee where he will resume his duties as editor in chief of the Milwaukee Leader, the evening Socialist daily of the Cream City.

Socialism The Way Out

In the place of the present capitalistic system Socialism proposes the new social order—the collective ownership and the democratic operation of the natural resources and social utilities upon which the coming life and labor of the people depend for the common good of all.

This the Socialist movement declares to be the supreme issue—the only possible solution—the only final relief—the only program worth while compared to this everything else is unimportant.

Without this everything else is useless.

Henceforth Socialism is the supreme issue—the only way out.

However, while holding firmly and steadily to the final goal the Socialist party nevertheless offers a constructive program for immediate action, formulates measures that will aid in bringing about the new Socialist order, and leads the way in the struggle for the higher civilization.—
Socialist Campaign Book.

Discernment

Blessed indeed is he who, gazing into a puddle, sees not the mud at the bottom, but the reflection of the heavenly blue. Thrice blessed are they also, encompassed by the fearful darkness of falsehood, can yet discern the truth.—

'Tis the heart, not the clothes that makes the Man; therefore look into his heart and find the true Being. The stern eye and lowering dark brow may but conceal a generous, forgiving mind, and a smiling visage, the most deceitful of men. Ugly thunderclouds bring refreshing rain, and a calm sky is oft the mask for a sudden cyclone which, tearing down upon us in the twinkling of an eye, leaves at least astonishment, if not destruction, in its wake.—

Look ye closely into a blossom fair and find the scorpion awaiting its victim; pass not by the common daisy, for its snow-white ruff tells thee if thy love be true, and its golden heart reflects the sun.—

The lonely maid, neglected by eyes that cannot see, may have a heart of gold and a mind broad enough to take issue or sympathize with thy most lofty thoughts.—

Be not, I pray thee, of that tribe which sees with eyes that cannot penetrate the surface of men, women and events; of that tribe whose dim vision is the cog that is but a drag and hindrance upon human progress Tarler,

Oft have I wondered what brilliant gems of thought are hidden in the secret recesses of the minds of "every-day" men. What unsuspected treasures are waiting for some discerning fellow-man to find and bring forth into the light of day.—P. S. Tarler, D.D.S.

The Editor and Business Manager of the "Progressive Dentist" acknowledge the receipt of handsome leather key-purses with identification key-tags from Michael Gold & Company, the well known insurance brokers, who have for many years, under the direction of Mr. Henry M. Friedman, made a specialty of proper insurance for dentists. Dr. M. S. Calman, very promptly lost his keys and through this identification service they were returned to him within 24 hours.

Mr. Friedman offers to send these purses and identification-tags to any reader of this magazine upon request to Michael Gold & Company, 91 William Street. New York.

They are well worth sending for.

A little saving here and there
goes a long way in the end

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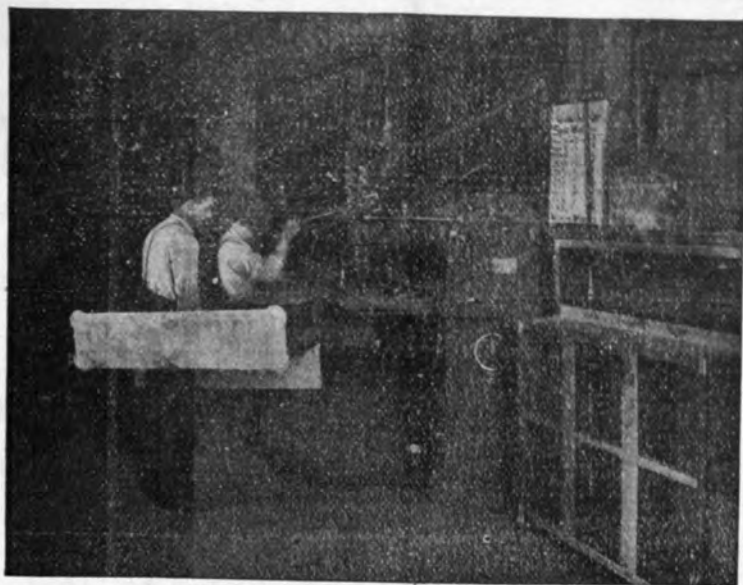
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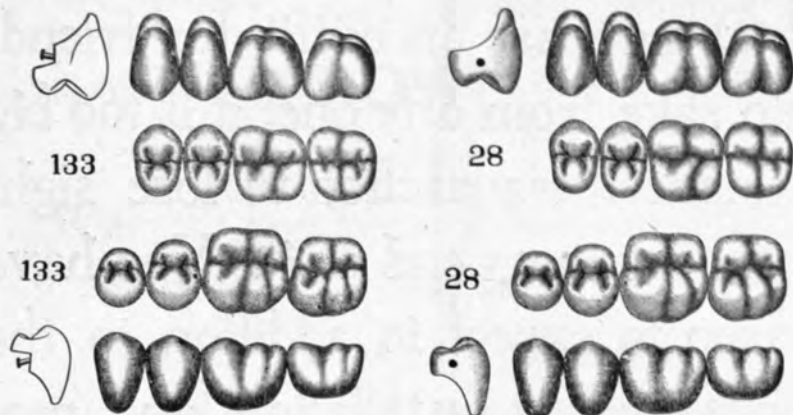
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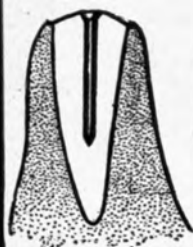
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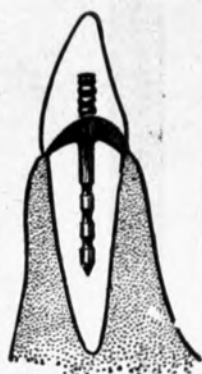
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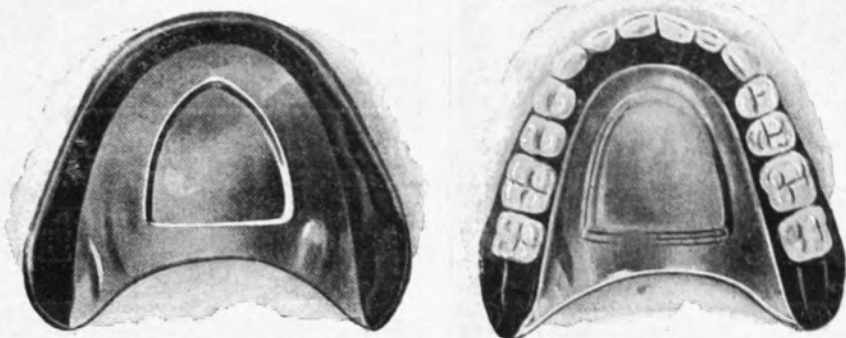
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THE PROGRESSIVE DENTIST

Vol. 2

June, 1913

No. 9

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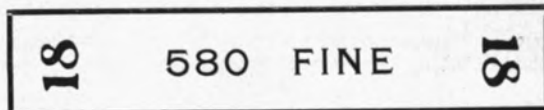
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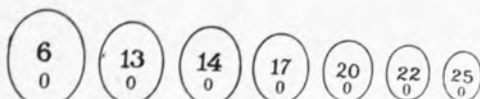


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The Progressive Dentist

Vol. 2

June 1913

No. 9

I GREET YOU—A. D. C. G. N. Y.

By L. LEVITT, D. D. S.

I greet you Allied Dental Council of Greater N. Y. ! for like the rising sun, you will not only shed light upon the hitherto unknown, but likewise inoculate life into the lethargic and complacent part of the community you now represent.

You have a difficult task before you, but in unity is strength and you will overcome all obstacles in your path. If you fail, it will be our disgrace and the profession will sink lower, if such a thing is possible. If you succeed you will revolutionize the profession. Your activity is manifold, but has been arranged under three groups, viz: education, legislation and organization. We shall not speak of them in the order as they appear in the resolution drawn up at the first meeting of the Dental Council, but rather in the order of importance, as it appears to us.

At first glance it seems that the most important work at the outset is organization, for nothing can be done by segregated individuals, no matter how great their number is, but in the first place the very first step towards organization, which is necessary to carry on the work, has been already accomplished in the election of a representative body by the constituent societies of the Council; in the second place, organization has a much broader aim than confederation and of this we shall speak in a future article. We shall give now a brief outline of the conditions that exist in our profession, which call for legislative work.

We have to rid the dental profession of the malignant and parasitical growths before we proceed to improve its general health; we want to abolish the conditions which impede our progress or at least to improve them to such extent, where we can proceed unhindered in the more important work of self-improvement and the education of the public at large.

There was a time, when "survival of the fittest" was understood in a different sense than it is understood now. It practically meant the physical superiority of the "survived" over the "perished." Stronger muscles, greater endurance, greater cunning, were the supreme factors of thriving and producing offspring, while those endowed with the above enumerated qualities to a lesser degree and are therefore, weaker in their struggle for existence, have but little chance of thriving and leaving posterity and are for the most part doomed to perdition. This is the gist of the great biological idea of evolution with its numerous phases and divisions that has been laid down a half of a century ago by our great biological celebrities and has been discussed ever since by greater and smaller lights of our scientific constellation. Not so is it understood now; the light of recent scientific investigation, shed upon biological as well as social phenomena, revealed facts which, though far from denying the importance of fitness in the struggle for existence has nevertheless changed the entire aspect of evolution by introducing another factor of

not lesser moment—"mutual aid" which is found to be one of the most powerful factors in the life of gregarious animals and still more powerful in the life of man.

It seems as if nature itself recognized the futility of ruthless annihilation, and in order to counteract the destructive tendency of the "survival of the fittest," has inaugurated the more humane tendency of "mutual aid," whereby the species are enabled by united and well organized efforts not only to cope successfully with the elements of nature in the attainment of subsistence, not only to conduct the defence against the invasion or attack of an enemy, but likewise by the well organized function of a community, to improve the individual himself and instead of sparing the strong and destroying the weak, make the weak strong and useful members of the community. Thus we see that these co-existent tendencies in nature, though working in a parallel direction and towards the same goal, are, nevertheless as diametrically opposed in their methods, as to become extremely antagonistic to each other. Nowhere is the war between these tendencies so strikingly manifest, so universally recognized, as in the present social life. The facts are too conspicuous, too obvious to require illustration while the inherent tendency of strife between man and man is raging unmercifully.

The idea of organization for mutual aid is more and more permeating the minds of the people while the feeling of combat and competition is still adhering tenaciously to human nature, the feeling of solidarity, the idea of "brotherhood of men" is slowly but surely gaining ground, slowly but surely encroaching upon the domain of strife and antagonism, breaking up old traditions undermining outlived institutions, obliterating antiquated ideas and in time will destroy the last vestige of the barbaric "survival of the fittest" except the historical records which will mark the stupendous progress of man.

Do we need facts? The organization of gigantic industries, of large municipalities, of educational, political, health and welfare promoting institutions of national and international accommodations and above all the rapid growth of powerful labor organizations, are only a few instances of the universal tendency of mutual aid variously applied—the tendency which made humanity what it is to-day and which is destined to lead it through transitional phases to our goal—the co-operative commonwealth. Let those who revel in wealth or serve the interests of the same, denounce with foaming lips the approaching economic liberty, let them grow hoarse in praising the present social order, their powerless vituperations can no more stop human progress than the light breeze can change the course of a mighty river. We are on the threshold of a new era.

But strange as it may appear, it is nevertheless a fact that the professionals in general and dentists in particular have, until recently, been almost entirely segregated. While members of other callings and even artists of various denominations have recognized the advisability of organizing for mutual aid and individual improvement, for upholding and uplifting their profession, the dentists remained isolated and as a consequence of this isolation the profession sank lower and lower. At first a few of our own midst began undue advertising of "low rates" and "high class work"; advertising proving to be very effective means of attracting "trade" the "increased business" and popularity led to the opening of branches and soon "outside" money men finding it a

"very profitable investment" laid the foundation of the cancer of the dental profession the dental parlor, which grew and spread with the persistence and rapidity peculiar to that malignant growth, but the process of decay didn't stop there.

Some of our brethren, who worked up a practice that kept them too busy, yet a practice not large enough to enable them to employ the services of registered men as assistants, instead of advancing their fees, in order to decrease the volume of work, thereby giving opportunity to the beginner to work himself up, began to instruct their laboratory men to work at the chair and assist them during the busy hours. As a consequence a man who helped at the chair for a year or two and has learned the "tricks of the trade" began to treat his friends and relatives on a Q. T. From friends and relatives the benefit of his experience is extended to neighbors and their friends and relatives ad. infinitum; he establishes a practice, at first secretly, but, not meeting with any opposition, he begins to practice openly. Some of them join partnership with a "legal man," others employ a legal man in the noble and exalted capacity of a figurehead, still others have their signs embellished with the name of some "friendly dentist" under whose protecting wing they continue their piracy unmolested.

But this is not all, nor is it the worst. Some of these "worthy Danes" are honoring our profession by going from house to house with a spacious valise filled with instruments and materials (not excluding the forceps) offering "dental services" at exceedingly moderate prices, much the same as a peddler of matches or shoe-laces, and if told by the unsophisticated tenant that such services are desirable, they enter the apartment, spread a napkin on a table or chair, arrange the instruments on it, seat the "customer" comfortably in a rocker, facing the window, place a coal scuttle or pail near the "dental chair" and at once proceed to perform the required operation to the curiosity and joy of the "kids" witnessing the great coup de theatre.

"This is not the worst" suggested a brother practitioner with an acrid smile on his lips, "They are going to dispense "dental services" from a chair on wheels with bells attached to the head-rest to announce the arrival of the "dentist" who will wheel his "office" through the streets in a manner very similar to that of the Italian junk dealer or the grinder of cutlery.

Poor brother practitioner! His prophesy reminds me of a man, who was selling barometers to farmers. His barometer consisted of a square blotter and when asked how it was to be used in order to foretell the changes of the weather, he would instruct the purchaser to slowly approach the window put the barometer on the palm of his left hand and open the window with the right hand, thrust the hand with the barometer out as far as possible and keep it there for a few minutes. If drops of water appear on the barometer, it signifies "rain" if not dry weather.

My poor honest brother practitioner predicts something which painless Parker is doing for the past thirteen or fourteen years, with the difference that he employed a horse to pull his "office" and that he "pulled teeth free of charge, thereby inducing people to call at any of his cornucopia of offices, where he, not only "pulled" their teeth, but also their legs. But the best feature of the prevailing conditions in our

profession, one that puts the finishing touches to the situation is that it opened an inexhaustible source of income for all sorts of swindlers and impostors.

Just a few weeks ago, the writer of this article was told by a patient that he was swindled to the amount of thirty-five dollars by a so-called Russian dentist, who offered to make dental work estimated at \$85.00 for only \$35.00 if he was given the money in advance; the money was given to him but the work was not forthcoming and, having collected in a similar way a considerable sum of money from numerous other would be patients, the impostor disappeared.

Another individual of about the same category opened an office and began to advertise heavily; he had his name Dr. — Surgeon Dentist, painless extractions, crown and bridgework a specialty, etc., in large letters on his signs. He was an illegal practitioner, but he didn't intend to keep up long as soon as he collected a sufficient sum of money in deposits (these people know how to get a heavy deposit without doing any work) he vacated the flat at night, leaving the signs behind him, not having paid his rent, his grocers' and butchers' bills, and several neighbors of whom he borrowed cash. All this tends to show the horrible conditions prevailing in our profession and our first step is to abolish these conditions. Some dental practitioners (especially those who are unaffected by these evils) expressed themselves that this is a bread and butter cry, that this is a painful outcry against competition. Be it so, are we in the wrong then? Picture the feelings of a young man who, having gone through several years of hard work, fear, anxiety and an enormous expense to obtain his right to practice, hangs out his shingle and while waiting with a throbbing heart for a patient, finds out that a man next door, who hasn't put in a stitch of work to make him fit for the profession, who very often can hardly read and write, practices the same profession and looks with a sinister smile at the dupe, who has wasted so much precious time, energy and money. Would you blame him for the painful outcry?

And yet it is not the material consideration that plays the principal part in the protest against illegal practice, no!—a thousand times no! It is the moral side of it that the outcry is due to.

The demoralization of the public who does not differentiate between the licensed dentist and the illegal sneak is enormous. They judge the dental profession and its methods by their representatives, legal or illegal, hence the confidence and respect on the part of the population that the dentist could have enjoyed is entirely lost.

What opinion can the people entertain about a profession whose "members" go from house to house soliciting dental work, who recommend the extraction of healthy teeth with or without superficial cavities in order to put in more bridgework, who neither possess the knowledge and skill, nor the desire of treating a root canal properly and whose operations are for the most part disastrous in their results?

The dental profession is placed in a position where it has to share the discredit and lack of confidence created by the illegal practitioner in the minds of the people. Bad, very bad! What is to be done? The answer is: organize! get to work! Let all our attention be centered upon the removal of the cancerous growth! How? and here we arrive at the discussion of the ways and means.

The first step made by the A. D. C. G. N. Y. the calling of a mass

meeting was a splendid achievement in spite of the fact that no important steps were decided upon or any definite conclusion arrived at. The service that this meeting rendered to the profession consists in the first place of calling the attention of dentists to the existence and work of the A. D. C. G. N. Y. and in the second place, of airing the opinions and sentiments of our fellow-practitioners. In order to proceed with the work intelligently, we want to study the prevailing opinions and sentiments of the dental practitioners, regarding the conditions existing in our profession. Unfortunately the measures proposed at the meeting for the control of illegal practice are for the most part inadequate and ineffective in that they only tend to locate the illegal practitioner and not to prosecute him and in that respect Dr. Ottolengui's measure is the most convenient. Dr. Daily's proposition of giving over the matter of prosecution of illegal practitioners into the hands of the Board of Health is altogether inadequate and illogical, for, besides the tendency of this measure to corrupt our only decent city department, the latter is absolutely unqualified and incompetent to carry on such work.

Neither can Dr. Rice's proposition of imposing a tax on dental outfits be conducive to the control of illegal practice. Dr. Schwamm's contention that the present laws are adequate in the restriction of illegal practice if properly enforced is partly right, for as a matter of fact, the enforcement of the law is often more important and effective than the introduction of new laws on paper and here we come to one of the most important points in our activity, i. e. the improvement of the methods of enforcing the laws. But as we said before, Dr. Schwamm is partly right, for the present laws are very far from complete and clear and if we are to start a vigorous enforcement of the law, we may well improve it first and enforce the proper thing subsequently. Our personal opinion of the matter in question is that most of the proposed remedies are good to some extent, but that they are all palliatives; none of them is of a nature that can solve the problem. Why? Because in order to find a remedy for an evil, we have to find the cause for it and remove it. What is the cause of illegal practice of dentistry? Why do we not find a similar state of affairs in other professions? It is a well known fact that while the medical profession is swarmed with advertising physicians, medical institutes and specialists claiming positive cure or money refunded, they are nevertheless legal men, duly licensed physicians, whom the medical profession may bar from joining the medical or scientific societies, but whom no power in the world can deprive of their right to practice or of their advertising space in the news-papers; their existence can be traced to ignorance, pure and simple, but never to poverty, for, the money that these fakirs obtain from their victims exceeds, by far, the highest fee of an ethical and reliable physician. Almost the same can be said about law. The profession is full of advertising accident, divorce and patent lawyers, whose success, whose very existence, depends solely on the ignorance of their clients and yet, not one of them can appear in court to defend a case, unless he is duly licensed to practice law.

Not so is it with the dental profession. The Government and public at large hardly consider it a profession and are indifferent to its welfare. What is the cause of this state of affairs? The cause is double. a) Ignorance. b) Poverty. Although from a social standpoint these

two factors can be considered as one, for it is an axiom that poverty is the mother of ignorance and vice versa (this seems to be the only known instance wherein mother and child are interchangeable.)

Now, ignorance and poverty.

Let us take up the later of the two, as it is, in our estimation the less important.

While poverty is a powerful factor in social life and in the case in question is instrumental in creating and maintaining ignorance (the second half of the Siamese twins), it is nevertheless by far not the principal cause that gave birth to illegal practice. It is true that some go to the illegal man because his fees are much lower, but the number of such is not sufficiently large to give weight to it.

The writer has studied the situation to a degree of a fair knowledge of it and as a result of this study can state with a considerable degree of certainty that most of the illegal men charge \$4.00 per crown or bridge-work, while a smaller number charge less than \$4.00 in exceptional cases the charge is \$2.50 to \$3.00, but isn't it a well known fact that many legal men charge the same for their work—nay, some advertise a \$3.00 crown.

It follows, therefore, that it is not the price that lures the patient to the illegal man. What else? Some maintain that the patient feels more at home in the office of an illegal man, because there is no necessity of care-taking of dress, she leaves her kitchen and without improving her habiliment, often with her apron on, runs in next door or next house for the treatment of her teeth. There are some other unimportant considerations, but while this may be true in a few instances, it is by no means sufficient reason for patronizing the illegal man.

What is the true cause then? The writer's personal opinion is that the principal cause is the ignorance of the people, who do not know that a dentist is one who passed through a professional training in a college, whence he obtained his diploma and passed the state board examination, whence he received his license to practice. A lady expressed her surprise once, when the writer explained to her that the man (she gave his name) who put a crown on her abscessed lateral, without treating the canal, has no right to practice. "Why hasn't he?" she asked, "doesn't he know how to do it?" This illustrates their total ignorance that a man has to be licensed in order to practice dentistry.

It is just as surprising to them as it would have been if they were told that a man, who can make a pair of shoes, has to obtain a license for making them.

Another lady asked the writer to teach her sixteen year old son the "dental trade." The writer, thinking that she meant prosthetic work, told her that his mechanic is too busy for that. "No," she exclaimed, "I mean to work at the chair."

Ignorance, pure and simple, is at the bottom of it all. So we see that while ignorance on one side fertilizes the soil for illegal practice, the unconscientious, undignified and near-sighted dentist plants the illegal practitioner, both work hand in hand—one to give birth, the other to nourish the wolf.

Now the remedy:

To do away with the employ of illegal help by our fellow-practitioners is a simple matter. He will have to give it up or steps will be

taken to revoke his license. The ignorance of the public is a mouse and can be destroyed best by the famous old cat, that has destroyed so much of it that there is no doubt that it will destroy this part of it also.

And here we come to Dr. Chayes' plan which we purposely omitted in our criticism before with the intention of handling it at the proper moment: "Education of the masses" is his motto. A very good idea, but how does he propose to do it? By hiring a page in four or five newspapers? The enormous expense of such undertaking can only be justified by similar results. Can we expect great results from a page printed in large type (no one will take the trouble of reading small type) conveying to the readers a few facts of hygiene and an advice to beware of illegal or dishonest practitioners? By no means! Besides, the newspaper reading public is more or less intelligent and is, with few exceptions, not patronizing illegal dentists. We want to reach the illiterate non-reading public, who are for the most part victims of this plague. This could be attained by arranging public lectures in each district by the local dental society with stereopticon views or even motion pictures, if necessary. The audiences should be addressed by good speakers, preferably dentists, in the language of the particular locality. Such lectures can be arranged at regular intervals at a comparatively small cost covered by a fund raised for the purpose.

It does not follow, however, from all considerations here submitted, that the prosecution of the illegal practitioner should be stopped, that he be permitted to practice unmolested; this would be absurd, as in treatment of a disease, while we remove the cause of the latter and use prophylactic remedies to prevent its recurrence, we nevertheless do not leave the already affected tissue untreated, so we shall not let the illegal man to remain in the blissful dominion of "do as you please." We shall conduct a vigorous all-sided campaign against that malignant growth that undermines the dental profession and we haven't the least doubt that our efforts will be crowned with success.



ANOTHER LARGE-TYPE ULTIMATUM FROM THE HAND OF THE "ETHICAL."

(In reply to May, 1913, Cosmos Editorial.)

By DR. A. E. BERYLSON.

Poor "ethics," the hypocritical badge of the would-be aristocracy of our profession and the dogmatic religion of the true-believers, is again forced to the front, this time to lend the countenance of decency to a pretense, which wrong from its inception, became more shameful and audacious as time went on. So intolerant and arrogant were the claims incorporated in letters patent procured by Dr. Taggart to manufacture a device for casting gold-inlays, so impudent were the demands based on such rights, made upon the profession by those acting apparently in the interest of the inventor, demands, such as were embodied in a circular sent to almost every dentist in the land, asking for a fee of fifteen dollars to be paid to Dr. Taggart for the right to practice the process of casting gold inlays that it roused public spirited men such

as Boynton and a host of busy dentists, who sacrificed their valuable time in serving as witnesses to prove to a court that Taggart's claims to the **process** of casting gold inlays has no leg to stand on. The testimony there given plainly bears the implication that Taggart was unprincipled enough, leave alone "unethical," in procuring his letters patent to manufacture a device for casting gold inlays, to incorporate and lay claims to a **process** which was in general use in different trades since time immemorial and which was for a long time the common property of the profession. In other words, to use plain language, he simply made an attempt to rob the profession of a procedure by procuring a patent right to call it his own and then tax every dentist at will for using said procedure.

The editor of the "Cosmos" admits all this, that Dr. Taggart has no legal right to the procedure. All this is very well and good. But the editor thinks that the legal phase of this matter would appeal only to two classes: "those who view the matter wholly from the legal standpoint and who will, of course, decide that they owe him nothing," and those "who down in the depths of their souls realize that they owe him much, will consider the obligation more than cancelled by the fact that he tested his right to a reward for his service to dentistry by a suit at law." These individuals are made of common clay, merely bipeds. The court sustains them in their extreme unwillingness to pay a reward and they feel happy. But, gentlemen, having done away with the common herd there is still left a third category—a category that is surely destined to bring about the millenium—"those whose ethical sense is not measured nor measurable by the restrictions of a **so-called code** but is expressed in the spirit and practice of the "Golden Rule." It is a great pity the editor of the Cosmos does not specifically show us what application they would make of the "Golden Rule" in this particular case, but after much guessing it becomes apparent that the gentlemen will give Dr. Taggart credit for his invention and that, according to the editor who seems to take the responsible tone as though he were their spokesman, **they owe him a duty.**

Did you ever! After such splendid expectations I merely find that they will give Taggart unspecified credit and that they owe him a duty. In the name of all that is "ethical," tell me what is the matter with these "Golden Rulers"? Have they not paid their duty yet? What are **they** waiting for, they whose "ethical sense is not measured not measurable by the restrictions of a so called code." Now please stop all that silly nonsense. What is the use writing a four-page-large-type-editorial about "a duty" when the so called National Protective Association acting in certain interests through its circular sent throughout the land has been willing to exchange said duty for the tangible, comprehensible, definite amount of fifteen dollars from each dentist. Do not all these "Golden Rule" arguments and second-hand "ethical" concepts advocated in large-type-editorials seem like so much wind!

In comparing the second category of gentlemen who realize that they owe Taggart "much" but would not pay because of a court decision and the "golden rulers" who simply **owe him a duty** I fail to distinguish the difference. What difference is there between these gentlemen, and what difference is there in the relation of these gentlemen and the "Golden Rulers" to Dr. Taggart since that which the latter owe him is merely

a **duty** and they keep on owing it to him. I would rather be shown by the prophet of the true-believers how much, if a duty were convertible into hard cash, would each "golden ruler" be obliged to pay to Dr. Taggart as a reward for his services to dentistry, and what in particular kept them from paying it, that is, fulfilling their duty, a duty, mind you, which, according to the Cosmos editorial, they still owe to him.

And now as to the services that Dr. Taggart did to the profession. Is there a sane dentist who would make the least effort to deny that Dr. Taggart did the profession a service? But no sane dentist would think for a moment that because he did a service to the profession in general he particularly owes Taggart a "duty," still less a duty convertible into hard cash. The fact that Dr. Taggart procured letters patent covering even the process of casting inlays shows moreover that his motives were not inspired by altruism, if such motives he had at all in his mind while working upon his invention.

Quite the contrary, in procuring his patent rights he intended to be the sole man controlling the sale of his machine, and as I believe, intending to reap as much in the shape of royalties, etc., as would be possible. Such rights to the sale of his **machine**, he still possesses. And should he take a notion to name a million dollars the price of his machine there would not be a man in the United States who could sell it to us for less.

I also believe that, in spite of his service to the profession, if he could possibly stop the sale of other, and sometimes better machines that are constantly put on the market, he would probably do that too. Thus making it difficult for a dentist of ordinary means, the type of dentists most predominant, to own a machine altogether, since the Taggart machine intended to be, at least in the beginning, quite expensive.

Being a man of average means I procured a machine, which I find most efficient, and for which I paid only twenty-five dollars. But it pains me to say that there is a man who identifies himself as a "Golden Ruler" and avowed "ethical dentist"—not without a duty, I presume, for to be ethical without a duty is even a much nastier business than to have a duty without being ethical,—who never thought of patronizing Taggart when he wanted an inlay machine, but was so unscrupulous as to buy a twenty-five dollar machine, soberly remarking afterwards that this machine possesses a double virtue, both in being cheaper and seemingly superior.

Now all this airy talk about "ethics" and the "Golden Rule" may be good enough both for Sunday schools and large-type editorials. In practical life only such utterances are of any use that are based on the solid foundation of common sense. In practical life these "Golden Rulers" like so many ordinary mortals, when it is to result in a material advantage, wait for courts when courts are to decide, and buy a machine, which while, at least, just as efficient cost them rather less than more, and all that these gentlemen owe to the man who made the cast inlay practical in every day dentistry—all they owe him is a **duty**.

But whatever the large type editorial meant to bring out but did not (is it from lack of conviction, or courage, or an innate common sense not required in large-type editorials) there is no doubt that everybody is willing to praise Taggart for the invention he hit upon, and championing his cause is not only superfluous but even ridiculous. The

meaning of the large-type-editorial intended to bring out is very vague and indefinite and for the world of me I cannot see what **practical advantage** may result to Dr. Taggart from such childish prattle.

In conclusion I desire to state that while we all feel in some measure morally indebted to Dr Taggart we do not owe him anything in the shape of money. He still enjoys the privilege bestowed upon him by the state in the shape of patent rights which is all that is given to other inventors under similar circumstances. He still enjoys the right to his machine and there is no doubt that he collects the rightful royalties due him that result from its sale.



DENTISTRY IN THE TALMUD.

A Valuable Contribution to the Early History of Dentistry.

By SAMUEL GREIF.

(With this issue we are beginning a series of articles written by Samuel Greif, 1914. We think that our readers will appreciate the series for its many points of historic interest.—Ed.)

The Talmud is the great Jewish encyclopedic work of knowledge. It has been a source of profound interest to all who have ever turned to it, and has fascinated the exceptional ones who have been fortunate of having learned to understand it. It is the great reference book, employed for almost two thousand years, always rendering abundant material of both interest and value for topics of every description.

The extracts following are almost a complete survey of the dentistry of the Talmud. Dentistry as a distinct science is comparatively modern. It might have existed in some form during the days of the Talmud. Yet we find that even in the days of the Talmud there have been Jewish physicians specializing in dentistry. In studying the character of the ancient Jewish physicians we find that nearly all have specialized in some important branch of medicine. As the first three prominent Jewish physicians are named Chanina, Rab and Samuel. Chanina (ben Chanina), was the pioneer. He also has the credit of inserting natural and artificial (wooden) teeth as early as the second century. Thus, while being the first prominent Jewish physician, Chanina may also be named the pioneer Jewish dentist. Rab distinguishes himself in the earnest study of anatomy, expending large sums of money in procuring subjects for dissection. Samuel was known as a skillful accoucheur and oculist.

The extracts are given here in the order of the arrangement of the Talmud. They are accompanied by explanatory notes, together with the commentaries of Rashi, Rambam, Tosafath and others.

Berachoth, 40a.—Whoever has eaten a meal without having eaten salt, whoever has drunk a beverage without having drunk water, will be worried during the day by the fetid odor from the mouth, and during the night will be worried by the quinsy.

R. Mari said in the name of R. Jochanan: Whoever was accustomed to eat lentils once every thirty days, kept quinsy away from his house; every day, however (if one should eat), he would not. For what reason? because of the fetid odor from the mouth.

NOTE. The question of oral hygiene, as well as hygiene in general, seems to have been a prevalent one with the Talmud. As a matter of fact the science which has recently become so prominent has had its principles masterfully laid down by the great Jewish instructor Moses. The numerous references to hygiene in the Talmud are naturally the result of emphasis laid upon this science of health preservation in the Bible.

Ber. 44b.—The Rabanan have learned: The spleen is good for the teeth but bad for the entrails; bran is bad for the teeth but good for the entrails. The Master said: "The spleen is good for the teeth but bad for the entrails." What remedy is there? it is chewed and thrown away (being injurious to the digestive apparatus). "Bran is bad for the teeth but good for the entrails." What remedy is there? It is cooked well and swallowed (being injurious to the teeth). (See Sabb. 110a).

R. Yitzchak said: Those who eat cabbage before the fourth hour must not be spoken to. For what reason? Because of the odor from the mouth. Said R. Yitzchak: It is forbidden for every man to eat cabbage before the fourth hour.

RASHI. Not being the usual time for a meal, the odor will be offensive to those who may talk with him, his stomach being otherwise empty at the time.

NOTE. Evidently the hygiene taught by the Talmud is of a two-fold nature. It is preventive, warning against the use of bran which is injurious to the teeth, and even **prohibiting** the use of cabbage because of the offensive odor; and curative, advising the use of milt for the teeth to keep them in perfect condition. As a means also for disguising the offensive breath the Talmud advises the use of various aromatic substances. (Sabb. 62a, 65a, 90a; B. M. 113b.)

Ber 54b.—"The stone that Og, King of Bashan, wanted to throw upon Israel." The explanation is this. He spoke: How large is the camp of Israel?—Three **parasius**. I will go then and tear out a mountain of three **parasius** and throw it upon them and kill them. He went and tore out a mountain of three **parasius** and carried it on his head. But the Holy One, blessed be He, caused the ants to eat it through, so that it fell upon his neck. As he wanted to throw it off, his teeth bent themselves upon one side and upon the other, and he could not throw it off. And therefore it is written (Psalms, iii. 8.) "The teeth of the wicked dost thou break." This is according to R. Simeon b. Lakish; for R. Simon b. Lakish said: What is meant by that phrase: "The teeth of the wicked dost thou break"?—do not read 'break' (**shibarta**) but "distend" (**shirbarta**).

NOTE. Og, king of Bashan, has won his fame by having been the tallest man one can imagine. We do not know how big he was, but he was surely "as big as Og melech Habashan." The idiom is one of the commonest in the Yiddish language. Og melech Habashan was the "leviathan" of man. His Biblical description is as follows: "For only Og, king of Bashan had been left of the remnant of the Raphaim; behold, his bedstead was a bedstead of iron; lo! it is in Rabbah of the children of Ammon: nine cubits is its length, and four cubits its breadth, after the arm of a man." (Deut. iii.11.) The agadic tale in the Talmud

of his abnormal teeth is well in conformity with his description in the Bible.

Ber. 56a.—Said he: I have seen my anterior and posterior teeth falling out. Said the other: Your sons and daughters will die.

NOTE. The Talmudic words for "anterior and posterior teeth" are **שני** and **ככא**. The singular of each is **שן** and **ככא**. The latter is commonly the word signifying tooth. Both are used interchangeably for one another. The word **kakka**, however, has received the special signification of **molar-tooth** including the pre-molar or **bicuspid**. Hence **kakka** usually stands for the posterior teeth, and **shen** for the anterior teeth. Rashi here defines **kakke** as the "lateral teeth called (in French) **molaires**." Frequently the words **kakka** and **shen** stand together as in the above instance. They then seem to have the collective meaning of "denture" rather than anterior teeth. (Sabb. 63b; ab. z. 28a; Chull. 59b.)

I have arranged the following **nomenclature**:

שן (before Maq. **שן**) (Dent. xxxii, 24), with Suf. **שני**, dual שנים a tooth of man or animal (Ex. xxi. 24.); **ivory**, hence **שן** horns of a tooth, i. e., elephant's tusks (Am. vi. 4; Cant. v. 14; Ez. xxvii. 15.) [Chald. **שן**, with Suf. **שנה**, dual שנין, with Suf. **שניה** (Dan. vii. 5, 7, 19.) Also **ככא**, with Suf. **ככו**, Pl. **כני**]

החיצונית central incisors. (Bech. 39a.)

הפנימית lateral incisors. (Bech. 39a.)

מחלעת, canine, cheek or jaw-tooth. (Contraction from **מחלעת**, to devour. Pl. **מחלעות**. Also **מחלעת**, Pl. **מחלעות**) (Joe. i. 6; Job xxix. 17; Ps. viii. 7.)

נבא cuspid, canine (With Suf. **ניביה**. Pl. **נבו**) (Sabb. 63b.)

מחלעת bicuspid, twin-teeth; also molars. (Cant. iv. 2.)

ככא molar. (Pl. **ככי**.) Also **מחנות**, the grinders, i. e., molar teeth. (Ecc. xii. 3; Sabb. 152a.)

רסן double row of teeth. (Job. xli. 5.)

שני, gums of the teeth, also **שני** (Keth. 60a) and **שני** (Rashi, ab. z. 28a.)

שן דחלב milk-tooth, deciduous, or temporary tooth. (Kidd. 24b.)

חנכי jaws. (Keth. 39b.)

מכתש socket of a tooth (so-called for its shape: a mortar). Judg. xv. 9.)

פה palate, roof of the mouth. (Job. xii. 2; Prov. xiii. 7.)

(To be continued in the July Issue.)

MOUTH-BREATHING A DESTRUCTIVE HABIT; A FRANK DISCOURSE

By M. J. EMELIN, D. D. S., NEW YORK.

(Continued from May Issue.)

Admitting as we must, that air ought not to pass through any other orifice than the nostrils, we are led to the fact that the swallowing of air in partaking of anything hot is an act for which we must suffer. The temperature of food drink, to conserve health, should be at a point at which a prolonged eating or sipping can be maintained comfortably, without burning the lips and without requiring the swallowing of air to cool what is taken into the mouth. The correct temperature, no doubt, would be different with different people.

But the chief of all reasons against the fallacy of mouth-breathing is readily seen when we reflect once more upon the functions of the nostrils, structural or physiological. The turbinated bodies of the nasal cavity are to retard the incoming cool air, and to provide the largest possible area for the air to come in contact with. The mucous lining of this air-way is studded with a multitude of sensitive glands, to protect the finely organized lining from extremely dry, cold, filthy or dusty air, often charged with poisonous or otherwise irritant gases, or with germs of miasma.

A few successive inhalations of cold air through the nose without rebreathing it through the same channels would so dry, irritate and influence the delicate mucous membrane as to become painful. Here Nature comes to the rescue and so orders this important detail that to each cold inhalation immediately follows a warm exhalation from within, which repasses the same way over the same tiny glands, invigorates them and raises them. In so doing each expired warm breath acts as a tonic to the glands. With each vibration of the glands, to and fro, is thrown out a profuse fluid secretion ready to meet another inrush of cold air. This mucus, aside from its value as a palliative agent, also is a most efficient germ destroyer.

Moreover, the mucus officiates as its own undertaker when a quantity or quality of foreign matter is inhaled which the fluid can not destroy, an irritation and a profuse secretion result and sneezing does the rest. It also arrests and removes the microscopic particles of dust. The mouth has no such agent, because nature never intended that the air should pass through the mouth.

One medical authority says: ". . . but there is another fact, of perhaps greater importance than those adduced, to be urged against this abnormal breathing, and which has not been recognized by the specialist; it is, that the habit of mouth-breathing ultimately unfits the nostrils for the free transit of the air. And it is a well-known physiological law that such disuse induces atrophic degeneration. These glands are atrophied or hypertrophied accordingly either through disuse or misuse, or asthma may be caused by complete nasal obstruction necessitating mouth-breathing." Voltolini and Haenisch have reported cases of nasal polypi producing asthma, and cure in many cases when these were removed.

Mouth-breathing, as commonly understood, means complete disuse of the nasal passages in respiration or that the nasal air-ways are so obstructed by growths or otherwise as to oblige the sufferer to breathe through the mouth. Mouth-breathing usually suggests a picture of the typical adenoid face with the up-curved short upper lip never meeting its lower mate without an effort. The symptoms of the pronounced type of mouth-breathing are too well known to call for enumeration here.

My conception of mouth-breathing differs from the ordinary interpretation. It is one of finer distinction. Mouth-breathing, according to my view, also means even that which occurs in whistling, sighing and yawning, singing and laughing; it is the habitual and unconscious intake of air in talking or otherwise, through lips parted but for a fraction of a moment, through a space even less than 1-100 of an inch.

(To be continued in the July Issue.)

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EDITORIAL DEPARTMENT

Bearing in mind the fact that the practice of dentistry is very taxing upon the resources of energy, bodily as well as mentally, we all feel that we merit a rest and recreation during the summer. The dental societies recognizing this fact are suspending all activities during the summer and allow their members and officers to seek diversion from the oppressing strain to which we all, in the practice of the profession, are heir.

Conceding that all this is well ordered we nevertheless call upon the members of the Allied Dental Council and the officers of its three constituent societies to make an exception this summer and not interrupt the splendid work that has been so successfully carried on during the winter and early spring in order that the splendid work may go on incessantly until an organization is perfected which will be equal to the task.

Such organization to be built up requires the self sacrifice of a good many of us, whose sense of justice is more offended, by the existing evils and iniquities, than that of others. But if we realize that the secret of success lies within organization, no tireless workers will be wanting and let our slogan be "No vacation shall interrupt our activities."

We therefore counsel the members of the Allied Dental Council and the officers of the constituent societies to deliberate upon their official duties, map out the plans and have the machinery in most perfect working order ready as the minute-men. We also call upon the various

officers to keep in close touch with the Council thereby making their efforts more harmonious which will redound to the common benefit of the profession. Unity of action will give rise to a compact organization and the latter shall be made the parent of the most needed thing namely, "Education."

With a strong organization we can carry out the plan recommended by Dr. Levitt, whose article appears elsewhere in this issue. He recommends a campaign of lectures in co-operation with the Boards of Education and Health. This is a very good plan and if properly arranged would do a great deal in the way of enlightening the public regarding oral hygiene and good dental service. Such campaign would yield a great social service to the community and would place our profession in a favorable light before the public which would repay us by recognizing our rights to the protection from impostors.

If we can muster up enough enthusiasm and self-sacrifice to avail ourselves of the opportune moment, it is the coming winter that can place us upon that plane from which a certain element in the profession has kept us these many years. The immediate future holds out good hopes for us; it is our vigor translated into actions which is required to elevate us to that height to which we have been yearning so long. Therefore, Allied Dental Council, get your machinery geared and make an onslaught upon all impediments in our way. On with the war cry: "The Future Is Ours!"



DENTAL SOCIETY NEWS

HARLEM DENTAL SOCIETY

Dr. W. S. Engelberg, Sec'y.

2400 Seventh Avenue, New York

The next regular meeting of the Harlem Dental Society will be held at the Fraternity Building, 67 W 125th street, on Thursday, October 23rd, 1913.

Dr. A. R. Starr, professor of operative dentistry at the New York College of Dentistry will lecture on "Cavity Preparation." The lecture will be followed by an open discussion of the members.

The society has leased a meeting room at the Fraternity Building, 67 W. 125th street for the season 1913-1914.

EASTERN DENTAL SOCIETY

Dr. A. LeWitter, Sec'y.

330 E. 4th street, New York.

KINGS COUNTY DENTAL SOCIETY

Dr. S. H. Filler, Sec'y.

220 Stockton street, B'klyn, N. Y.

REPORT OF THE KINGS COUNTY DENTAL SOCIETY BANQUET.

The banquet of the Kings County Dental Society, which was held Friday evening, April 4, at Willoughby Mansion, will be long remembered by the 130 people present, as one of the most enjoyable evenings of their lives. It was the most successful affair ever run by the Society, and nothing but praise was heard on all sides for the Committee who worked so hard to make the success of the evening possible.

The guests of the evening were Dr. Ottolengui, Dr. Van Woert and Dr. Schlockow.

After a most sumptuous report the assembly was treated with some splendid speeches. Dr. Maurice William, who acted as toastmaster, made the following introductory remarks:

Of course, I may be unduly modest, but so far as I know, my opening remarks delivered at our last annual banquet have not as yet been added to the latest volume of the world's greatest orations. That being so, I am in no position to cite chapter and page. However, those of you, ladies and gentlemen, who were with us last year may possibly recall that the gist of my remarks was to the effect that conditions inherent in our profession were such that in order to cope with them we must band together and that this Society must grow. This magnificent gathering here to-night is proof of the accuracy of that prophecy.

To those of our colleagues who break bread with us for the first time, I extend a hearty greeting. You have joined us to help write dental history. This has been the most fruitful year of our career. We are no longer a house divided against itself, but all elements in the profession now realize more than ever before that there is a common ground upon which we all may meet. So I say that taking it all in all we have a right to feel highly optimistic.

But satisfied? No, no, by thunder! Far from satisfied! For who can feel satisfied in the face of conditions, as for instance the following:

Listen! 'Tis Dr. Harvey Wiley who speaks: "One thousand children die daily in this country and their deaths are due more to **bad teeth** than to any other trouble." Do you, ladies and gentlemen, get the full import of that statement? Think of it! One thousand children die daily in this country and their deaths are due more to bad teeth than to any other trouble. I don't know how that statement affects you, my friends, but to me those are words of burning fire. For they mean that at your door and at my door can the **full responsibility** of this daily snuffing out of one thousand innocent lives be placed. It is you and I who possess the knowledge that can **prevent** this wholesale slaughter of human life and when we fail to impart that knowledge society has a right to scorn us as destructive instead of constructive factors in the social organization.

I call upon you, my colleagues, my friends, rise to your true statures. Let us be men among men and let us do our full share for the general betterment of humankind; in the words of Dr. Evans, "Let the members of the dental profession play their part in the great economic revolution that is taking place. The dental profession should be concerned not only with its professional and scientific interests, but should also take part in the affairs of the government and all activities that pertain to the health of the people and everything that concerns their general welfare." These are the sentiments of Health Commissioner Evans, of Chicago, and I can but add to them, God speed the day.

The president of the Society, Dr. Lief, was then introduced. He reviewed briefly the activities of the Society in the past year and gave credit to those members who had been active in the Society's welfare.

The secretary of the society, Dr. Friedenbergl, was presented with a beautiful gift in appreciation of his faithful services.

Dr. Van Woert responded to the toast, "A Professional Man's Obligations to Himself," and proved that a professional man cannot discharge

his obligation to himself without at the same time discharging his duty to humanity.

He was followed by Dr. Schlockow, who is the principal of Public School No. 109. He spoke to the toast, "The Child, the Dentist, the Community." His scholarly talk sparkled with wit and humor at the same time impressing those present with the importance of the work being done by the members of the Kings County Dental Society for the children of his school. He showed the need of this work spreading to every school in the city.

Dr. Ottolengui, who was the last speaker of the evening, responded to the toast, "A Professional Man's Obligation to Society." Dr. Ottolengui's abilities as a speaker are well known. He kept the audience in good humor with his stories and when he became serious everyone present felt that he was speaking from the bottom of his heart. His remarks were most heartily applauded.

The speech-making was followed by dancing, which lasted until the small hours of the morning.

ALLIED DENTAL COUNCIL OF GREATER NEW YORK

Dr. A. Friedenberg, Sec'y.
425 Bushwick Avenue, B'klyn, N. Y.

The Allied Dental Council of Greater New York met on Thursday, May 22d, at the Stuyvesant Casino.

The following officers were elected: Dr. Maurice William, President; Dr. M. Mestel, Vice-President; Dr. A. Friedenberg, Secretary; Dr. S. Ph. Ratner, Treasurer.

The Council has subdivided into three committees, viz:

A committee on education, a second on organization and the third on legislation.

It was decided to look for more suitable quarters for meeting purposes. At the next meeting, which is to take place on Thursday, June 5, plans of action will be deliberated upon.

The Council decided not to adjourn for the Summer.

The following resolution was sent to the Dental Society of the State of New York, at its forty-fifth annual meeting which was held in the city of Albany on May 8, 9 and 10, 1913.

At a regular meeting of the Allied Dental Council of Greater New York (being the Federation of the Eastern Dental Society, the Harlem Dental Society, and the Kings County Dental Society) which was attended by nearly 500 dentists among whom were some of the most prominent men in the country the following resolution was unanimously adopted:—

Whereas quackery in dentistry has assumed a proportion hitherto undreamed of, and

Whereas this quackery is foisted upon an unsuspecting public, jeopardizing their health and well being, and

Whereas we hold it is the duty of the dental profession to protect both the good name of our profession and the welfare of society in our branch of the healing art, and

Whereas, in the lecture delivered by Dr. Ottolengui before this gathering he has outlined legislation which if carried into effect promises to stamp out this evil which casts such a slur upon the good name of our profession,

Be it resolved, that this gathering most heartily endorses the policy outlined by Dr. Ottolengui and that the State Dental Society being the official representative of the dental profession in the State, start its machinery in motion to the end that these suggestions be placed on the statute books and thus made the law of the State.

The Allied Dental Council of Greater New York.

S. H. Filler, D. D. S., Sec'y.

STUDENTS' DEPARTMENT

COLLEGE NEWS.

NOTICE TO GRADUATES:—The June, July and August numbers of the Progressive Dentist will be mailed to your address free of charge as in the past. If you want the magazine to come regularly beginning with the September issue, we will ask you to subscribe to it. Subscription price is 50c. a year.

NOTICE TO STUDENTS OF BOTH DENTAL COLLEGES:—The June, July, August and September numbers of the Progressive Dentist will be mailed to your address free of charge as in the past. During the month of September postal cards will be distributed to you, which you will fill out, sign and mail to us and we will place you on the free mailing list. This applies to all students, even those who were on our mailing list during the 1912-1913 college term.

N. Y. C. D. NOTES.

Examinations are over.

One hundred and sixteen men have graduated this year.

The juniors and freshmen will get their results about June 10th or 13th.

The Forty-Seventh Annual Commencement of the New York College of Dentistry, class of 1913, will take place June 9th, 1913, at Carnegie Hall, 57th street and Seventh avenue, 8 P. M.

Dear Editor:

I find your magazine very interesting and instructive.

Yours,
Charles Wolff

C. D. O. S. N. Y. NOTES

COLLEGE OF DENTAL AND ORAL SURGERY OCCUPIES NEW BUILDING.

The new building of the College of Dental and Oral Surgery, with its accompanying infirmary, where the poor will receive free dental services, has been completed, and will be opened for clinical purposes on June 15.

The building is a fine four-story structure on East Thirty-fifth street, near Second Avenue. On the top floor is a large apartment, fitted with a hundred chairs, and all the latest apparatus known to dental science.

On this floor there are also two smaller rooms, one known as the oral surgical clinic, with accommodations for forty students to observe the demonstration, and the other known as the John I. Hart Clinic. In the latter foreign dental scientists will be invited to demonstrate their inventions and discoveries before students.

On the third floor the prosthetic and chemical laboratories are situated, while the second floor has the physiological and historical lecture rooms. On the main floor are two large auditoriums for daily lectures. In the basement is the metallurgical room, fitted with forges for students to make their own tools and apparatus. The college is designed to instruct 400 students.

The officers of the college are Clarkson Cowl, president; John W. Boylston, architect of the building, vice president; William A. Purrington, secretary; Anton G. Hodenpyl, treasurer.

Among those who have contributed toward the new home of the college are Mr. and Mrs. George A. Hearn, J. B. Duke, Clarkson Cowl, C. C. Cuyler, Mrs. Morris K. Jesup, George Clark, Prof. Morris Loeb, Mr. and Mrs. Jacob Schiff, Felix Warburg, H. Seligman, Mrs. Washington L. Cooper, Miss Kate Collins Brown, C. Vanderbilt, W. H. Tucker, Andrew Freedman, Joseph A. McAleenan, Fred Halsey and John F. O'Rourke.

WANTED:—A college reporter for the N. Y. C. D. and one for the C. D. O. S. N. Y. to send in monthly reports to our office about college activities. Salary. Communicate or call any Tuesday, Thursday or Saturday at 15 East 106th street, New York City.

WANTED:—We want students from both colleges of dentistry who can spare a little time to do remunerative work for our advertising and subscription departments. Liberal commission offered. For information write or call any Tuesday, Thursday or Saturday at 15 East 106th street, New York City.

SOCIALISM.

By Ex-Congressman Victor L. Berger.

(From a speech delivered April 21, 1913 before the Columbia University Socialist Club.)

Socialism is generally defined as the "collective ownership and democratic management of the social means of production and distribution."

Definitions as a rule do not explain much, however.

This definition explains even less than usual, because Socialism is not a mere theory invented by some learned professor or philosopher. Socialism is the name of a phase of civilization, just as feudalism was a phase of civilization and as capitalism is the name of the civilization we have now.

Many students of history and of political economy say that Socialism must be the name of the next phase, if civilization is to survive.

Man started as a savage and hunter. The next stages of human progress were those of the nomadic herdsman and the agriculturist. Slavery developed in these stages. The feudal system was the next step, followed by the wage system.

The wage system was a step in the evolution of freedom—the wage worker is better off than the laborer of any previous epoch of human society. But the wage system is only a step forward.

The present wage system has evolved to the trust stage. Trusts have been vigorously attacked for their flagrant evils; yet we also realize the great advantages of the trust method of production and distribution on the largest scale. The trust has introduced many economies. It saves labor and effort, concentrates production and produces more cheaply. It eliminates the middle-man, saves expenses incident to advertising and drumming up trade, and saves paying commissions to jobbing houses and small merchants.

The trust thereby has naturally created a tremendous opposition—especially among the smaller business men. Only the statesmen and politicians of the capitalist system are powerless to cope with the trusts, because when the trusts are trying to make as much profit as possible—or as much as the traffic will permit—they are only doing on a large scale what every small business man does on a small scale.

I have noticed five different tendencies in Congress pertaining to the trust question:

First: There are the stand-patters. They say, "Let well enough alone." They are satisfied with conditions. They want no change. They are afraid any change would be for the worse as far as their special interests are concerned.

Second: There is the group represented by President Taft and his friends. They want to enforce the Sherman Anti-Trust Act. Attorney-General Wickersham really brought suit against the Standard Oil Company and against the Tobacco Trust, and secured "favorable" decisions from the Supreme Court. Both the Standard Oil Company and Tobacco Trust were "dissolved" into various component parts. The result in each case was beneficial to the trusts which now, since they are "dissolved," have really, for the first time in their existence, a legal basis on which to do business. The ownership of these trusts, of course, remains the same as before. Their methods are the same and the profits go to the same persons. Naturally enough their stock went up after the decision of the Supreme Court to dissolve.

Third: There is the Democratic party, which wants new laws passed in order to get back to the individualism of Thomas Jefferson and to competition of the old style. That is impossible. These good folks might just as well propose the abolition of the railroad and return to the days of the old stage-coach. The trust form is the modern way of doing business. Business has learned how to walk and will never creep again.

Fourth: We have the so-called Progressive of the La Follette type. They wish to "regulate" the trusts. But regulation must necessarily fail, because the Government cannot effectively regulate anything it does not own. Moreover, the trusts naturally will try to appoint directly or indirectly the commissioners that are to regulate them, or to influence the commissioners after they have been appointed. It will be a matter of business with them. If they do not succeed, they will simply appeal

to the Courts as they have done in similar cases everywhere. And the Courts have to decide by custom and precedent established in centuries gone by. Regulation is, therefore, bound to fail.

There remains only one more proposition, and that is the Socialist proposition. It is the natural solution of the question: namely, the national ownership of the trusts by the nation.

The Socialists contend that complete justice can be accomplished only by the collective ownership and democratic management of the trusts and other social means of production and distribution.

I realize that all this cannot be brought about by a single strike—by one day's evolution. But I know that all legislation, in order to be really progressive and wholesome, must move in that direction.

You will say—how are you going to evolve the new system? How are you going to limit it?

We believe that everything that is necessary for the life of the nation, for the enjoyment of everybody within the nation, the nation is to own and manage. Therefore we shall take over the trusts, railroads, mines telegraphs, and other monopolies of national scope.

Everything that is necessary for the life and development of the state, the state is to own and manage. There are certain business functions that the state will have to take care of, like interurban lines, for instance.

Everything that is necessary for the life and development of a city, the city is to own and manage, not only street cars and light and heating plants, but also abattoirs, public bake shops, the distribution of pure milk, and so forth.

Everything that the individual can own and manage best, the individual is to own and manage. That is simple enough.

Important changes are imminent. We see the trusts not only doing away with competition, but also asking for government interference and for government regulation of prices. In other words we have the spectacle of the trusts surrendering part of their ownership and practically offering that part of the ownership to the government.

Thus the trusts—or at least some of the trusts—are willing to part with their ownership because they feel that their business has ceased to be private concern. The trusts feel that their business has become a public utility—of the most public and utilitarian sort.

But the change is also coming from the other side.

The great majority of the people have no interest in keeping up the present system. The working class especially is bound to become revolutionary as a class.

Our workingmen to-day build a few palaces and many hovels. The workingmen live in the hovels and the few capitalists in the palaces.

Our workingmen in the woolen mills make a small amount of fine clothes and millions of yards of shoddy. The workingmen wear the shoddy and the rich idlers wear the fine clothes.

In former epochs the ruling class was by far abler and stronger—physically and mentally. In former years a few nobles, clad in iron, and trained and accustomed to warfare, could hold in subjection twenty times their number of common people.

The ruling class was also at that time the only class that was in the possession of the wisdom of the world—whatever wisdom the world

had then. The ruling class also had in its favor the belief that this system was God ordained, and that anybody defying it was a rebel to God.

Things are different nowadays.

The working class not only builds the houses, ships and machines—but the working class also teaches in the public schools, writes the papers and books. Not only the man who sets up the type for the papers and books is a working man—but also the man or woman who writes them usually belongs to our class. The capitalist class depends upon us not only for a living, but also for information and defense.

Moreover, we have the ballot. No subjected class in the history of mankind ever before this had the same political basis as the ruling class. On election day our vote is as good as Rockefeller's and we are many, and the capitalists are few.

This system is not the end of all things—not any more than feudalism was the end of all things. It is, therefore, absolutely false to represent Socialists as intending to overthrow or annihilate society—as appealing to the brute passions of the masses. We agitate for the organization of the masses. And organization everywhere means order. We educate, we enlighten, we reason, we discipline.

The Socialists want to maintain one culture and civilization and to bring it to a much higher level. We appeal to the best in every man—to the public spirit of the citizen, to his love of wife and children.

YALE SOCIALIST CLUB CLOSES EVENTFUL YEAR.

The Yale University Society for the Study of Socialism closed a very successful lecture season with a debate between George Willis Cooke, of Massachusetts and Dean C. R. Brown of the Yale Divinity School.

The subject for discussion was, "Resolved, That Socialism Makes Adequate Provision for the Moral Values in Life," in which Cooke, a Socialist prominent in the Lyceum Course, took the affirmative and Dean Brown the negative.

Fully 500 students and professors crowded into the Osborn Hall to hear the controversy and hundreds were turned away.

During the past season, the Yale University Society has presented as lecturers Prof. H. C. Henry, Mrs. Jessica Finch, Emil Seidel, Bird S. Coler and Victor Berger. An address in favor of women suffrage was given by Mrs. Carlos French Stoddard. These lectures have all been huge successes.

INFORMATION DEPARTMENT SOCIALIST PARTY.

Carl D. Thompson, Manager.

NAMES OF SOCIALIST DOCTORS WANTED:—An urgent request has been received for the names of doctors who are socialists and especially those who are members of the party. The object is to enlist their co-operation immediately for certain contemplated, concerted propaganda work. Will the comrades who read this kindly send to the Information Department the names and addresses of such doctors, physicians and surgeons at once?

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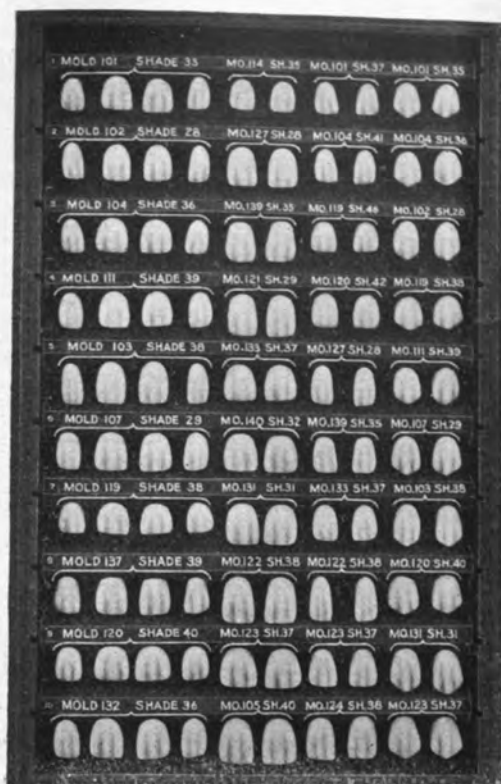
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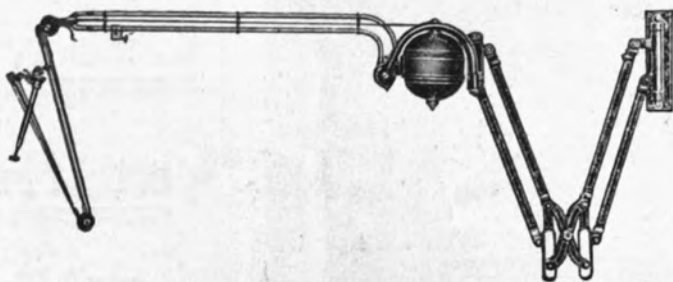
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